

Event Name		Start Date	
		End Date	

MISCELLANEOUS

Yes <input type="checkbox"/> No <input type="checkbox"/> Targeted or Early Exhibitor Move-In - If yes, include a complete list of company names, dates & times allowed.					
Yes <input type="checkbox"/> No <input type="checkbox"/> Special Permits Required - Covered exhibits over 100 sq. ft., multi-level, cooking, alcohol, tents, etc.					
Yes <input type="checkbox"/> No <input type="checkbox"/> Grand Opening Activities					
Yes <input type="checkbox"/> No <input type="checkbox"/> Heavy Freight Event – Provide Expected Weight:					
Yes <input type="checkbox"/> No <input type="checkbox"/> Marshalling Yard					
Yes <input type="checkbox"/> No <input type="checkbox"/> Early drop-off of trailers - If yes, provide dates, times & # of trailers below. Approval must be obtained in advance.					
Date: Select a Date	Time: AM	#:	Date: Select a Date	Time: AM	#:
Date: Select a Date	Time: AM	#:	Date: Select a Date	Time: AM	#:
Date: Select a Date	Time: AM	#:	Date: Select a Date	Time: AM	#:
Yes <input type="checkbox"/> No <input type="checkbox"/> Heavy Equipment or Vehicle Display - If yes, provide a complete list of equipment & weights.					
Subcontractor Information - List company name and responsibilities.					
Name:			Responsibilities:		
Name:			Responsibilities:		
Name:			Responsibilities:		