



The Voice of Agriculture
**EXPO
CENTER**

Event Inquiry Form

Applicant: _____ Event: _____
Address: _____
Contact Person: _____ Primary Phone Number: _____
Email Address: _____

Type of Event: _____ Event Date: _____ Event Hours: _____

Estimated Attendee Count: _____ Public: Private: *Expo Event Hours: 7am - Midnight (inclusive of set up and clean up)*

Admission Charged/Ticketed Event: Yes No

Please check which rental spaces apply to your event. Check the box next to the space for the Entire space or the specific section(s) you want.

- | | | |
|---|---|---|
| Main Exhibit Hall <input type="checkbox"/> | South Hall <input type="checkbox"/> | East Terrace <input type="checkbox"/> |
| <input type="checkbox"/> West <input type="checkbox"/> East | <input type="checkbox"/> West <input type="checkbox"/> East | Main Corridor <input type="checkbox"/> |
| | <input type="checkbox"/> A <input type="checkbox"/> B | |
| | <input type="checkbox"/> C <input type="checkbox"/> D | |

Please check Yes or No for the following questions.

Held event previously: Yes No *If yes, When and Where?* _____

Vendors: Yes No *Estimated Vendor Count:* _____

501(c)3: Yes No *Current Documentation:* Yes No

Catering: Yes No

Kiosks: Yes No

Alcohol Service: Yes No *If yes, Alcohol Service Days:* _____

Use of Projector/Audio: Yes No

Use of Wi-Fi: Yes No

Load in Day: Yes No *Please choose a time from the drop box:*

Load out Day: Yes No *Please choose a time from the drop box:*

Please select how we can help in advertising your event:

- FBEC Social Media FBEC Website Ag Center Marquee