



Registration Services Order Form

Event Information:

Organization Name: _____

Event Name: _____

Date(s): _____ Estimated Total Room Nights: _____

Headquarter Hotel: _____ Convention Center Hall: _____

Registration Services:

(complimentary registration services are based on the total room nights for the event)

Complimentary Registration	Estimated Total Room Nights
4 Hours	100 - 200
8 Hours	201 - 400
12 Hours	401 - 600
16 Hours	601 - 800
24 Hours	801 - 1000
24+ Hours	1001+

*Rates based on one registration personnel per four hour time block.
A fee of \$10.00 per hour per person will be applied for additional hours.

DATE	JOB SITE	NO. OF PERSONNEL	TIME SCHEDULED FROM	TIME SCHEDULED TO

Please submit this form no later than 30 days prior to your event.