



# DATE REQUEST FORM

## BAYSIDE EXPO CENTER, BOSTON MA

PAGE 1 of 2

PLEASE FILL OUT THE INFORMATION BELOW AND RETURN TO THE BAYSIDE EXPO CENTER, Ballantine Management Group

\*\*This form in no way constitutes a contract for a date and/or space rental\*\*

Event Name: \_\_\_\_\_

Description of Event: \_\_\_\_\_

Promoter: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

No PO Boxes

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Web Address: \_\_\_\_\_

Date(s) Requested	Times	Move In	Move Out	Show Day
		Please Check off the type of day		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please fill out one form for each event

Check one:

\_\_\_\_ Public or \_\_\_\_ Private Event • Est. Attendance \_\_\_\_\_ • Sq Feet Required: \_\_\_\_\_

Type of Space: \_\_\_\_ Exhibit Hall \_\_\_\_ Ball Room \_\_\_\_ Meeting Room

Is this a first time event? Yes / No If No, Where has it been previously held? \_\_\_\_\_

Do you have additional Food and Beverage needs other than Concessions - Yes / No

If Yes, Please indicate \_\_\_\_\_

Will event utilize a Booth Set Up (Pipe & Drape) Yes / No - If Yes How many? \_\_\_\_\_

This event requires: Please check all that apply:

\_\_\_\_ Electric \_\_\_\_ Air \_\_\_\_ Water \_\_\_\_ Internet \_\_\_\_ Booth Set-up \_\_\_\_ Telecom \_\_\_\_ Theater/Classroom Seating

Additional Comments: \_\_\_\_\_

**Thank You for your interest. A Representative will contact you. Return with Reference Sheet.**

# **BAYSIDE**

## **EXPO CENTER**

### **Boston, MA**

# Reference Sheet

PAGE 2 of 2

PLEASE FILL OUT THE INFORMATION BELOW AND RETURN TO THE BALLANTINE MANAGEMENT GROUP ALONG WITH THE DATE REQUEST FORM. \*\*Only Completed Applications will be considered.\*\*

Business / Corporate Name \_\_\_\_\_ d/b/a (Trade Style) \_\_\_\_\_  
Physical Address \_\_\_\_\_ Billing Address: \_\_\_\_\_  
City \_\_\_\_\_ STATE \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ STATE \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

### COMPANY PROFILE

\_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Limited Partnership \_\_\_\_\_ Proprietorship \_\_\_\_\_ Franchise

Parent Company Name (if applicable) \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ STATE \_\_\_\_\_ Zip \_\_\_\_\_

### Officers or Principals

Name \_\_\_\_\_ Title \_\_\_\_\_ SS# \_\_\_\_\_ Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ SS# \_\_\_\_\_ Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ SS# \_\_\_\_\_ Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### CREDIT REFERENCES: Media/Trade References

Name \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_

Street \_\_\_\_\_ Street \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Phone Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Signature of Owner or Officer \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Print Name on Signature line \_\_\_\_\_

**Thank You for your interest. A Representative will contact you. Return with Reference Sheet.**

**ExpoCenteratBayside.com**

Ballantine Mangement Group  
2371 Carl D. Silver Parkway • Fredericksburg VA 22401  
540-548-5555 ext 105 • Fax 540-548-0552 • [lcassel@bmg1.com](mailto:lcassel@bmg1.com)