



NAIAS MEETING ROOM EQUIPMENT ORDER FORM

This order form is to request equipment from Cobo Center for meeting rooms associated with the North American International Auto Show. Forms should be submitted **with payment at least 10 business days prior** to the date of service. Any form received less than 10 business days prior to the date of service will have an additional **25% charged added** to the order. **An accurate diagram of room must be sent with this order form.** CAD drawings of all meeting rooms are available at www.cobocenter.com. Forms should be submitted with payment to one of the following:

E-Mail: orders@cobocenter.com

Mail: Cobo Center/SMG
Attn: Finance Department
One Washington Blvd.
Detroit, MI 48226

Fax: (313) 877-8800

Room Number _____ Company Name _____

Contact Name _____ Phone Number _____

Equipment	Quantity	Unit Cost	Total Cost	Delivery Date/Time	Pick-Up Date/Time
Chairs		\$3	\$		
4' Round Tables (excludes linens)		\$15	\$		
6' Round Tables (excludes linens)		\$15	\$		
8' x 18" Tables (excludes linens)		\$15	\$		
8' x 30" Tables (excludes linens)		\$15	\$		
Lectern		\$75	\$		
Additional Waste Baskets		\$10	\$		
Recycling Station		\$50	\$		
Easel		\$10	\$		
Coat Rack (includes hangers)		\$30	\$		

Sub-Total \$ _____

Expedite Charge \$ _____ *25% of total order if order is received less than 10 days prior to date of service.*

Grand Total \$ _____

Note: If chairs are required for press conferences on the show floor, please place the order on the press conference furniture order form from Convention & Show Services.

Payment in full must be submitted with order form with either a credit card or a cashier's check made payable to "Cobo Center"

EXHIBITOR INFORMATION

Payment in full must be submitted with order form with either a credit card or a cashier's check made payable to "Cobo Center"

Name of Event _____ Room Number _____

Company Name _____ Contact Name _____

Address _____

City _____ State _____ Zip _____

E-Mail Address _____

Phone _____ Fax _____

Visa MasterCard American Express Cashier's Check

Credit Card # _____ CSC#(3-digit) _____ Exp Date _____

Authorized Signature _____

Print Name _____

Cashier Check # _____ Check Amount \$ _____