REQUISITION FORM

On-site Convention Support Team

(To be signed and returned with Agreement Form)

Seattle
metronatural™
Seattle's Convention and Visitors Bureau

Organization _____

Official Meeting Name _____

Official Meeting Dates_____ Anticipated Attendance _____

Event Venue_____ Where should personnel report?_____

To whom should personnel report?_____ On-site contact phone_____

Individual Requesting Personnel _____Title_____

Phone_____ Fax_____ Email_____

Mailing Address_____

City_____ State_____ Zip_____

Complete billing information (if other than above). Include contact name, address, phone number, and e-mail

_____

_____

An advance deposit or major credit card number for up to 75% of your estimated billing will be required to be in our offices no less than 10 working days (Monday through Friday; 8:30am-4:30pm) prior to your event.

Services requested less than 10 working days (Monday through Friday; 8:30am-4:30pm) prior to an event a credit card number for deposit of the full amount of your estimated charges will be required.

We reserve the right to cancel all scheduled assistance if our deposit and credit requirements are not met and an alternate payment schedule is not arranged between you and our accounting department within 48 hours of the first scheduled work assignment.

In the event your outstanding balance is not received by our office within 60 days of the final invoice date, the credit card on file will be charged the full invoice amount.

Please provide the following information:

_____

Type of card *Credit Card # Exp date

_____

Name on card Signature

Please check the following:

o Credit Card for File o Credit Card Deposit o Credit Card Payment o Deposit by Check

**If you prefer not to provide your credit card number via fax, you may omit the number and call us with your credit card number; however, the authorization signature is required in the above field.*

Special requests (if applicable)_____

Seattle's Convention and Visitors Bureau
701 Pike Street, Suite 800][Seattle, WA 98101][(206) 461-5800 Fax (206) 461-5855][www.visitseattle.org

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Day/Date	Number of persons (per job description)	Hours	Please designate job description and use one line per job description. Duties may include registration, receptionists, typing, cashiering, computer work, kit preparation, telephones and a variety of other services listed on our On-site Convention Support rate schedule. (located on the Agreement Form)

If you require additional space please use 3rd page attached to end of this document

PLEASE FAX A SIGNED COPY OF BOTH THE REQUISITION AND THE AGREEMENT FORMS TO:

Kathy Williams, Coordinator, Convention & Visitor Services
Fax: 206-461-5855
Direct phone: 206-461-5823

NOTE: We do not begin the scheduling process until both of the fully completed and signed Requisition and Agreement Forms are in receipt.

I have read, understand, and agree to the above Agreement Form:

_____ _____

Signature Date

Revised 15Feb07

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