RENTAL APPLICATION

Remit to: Portland Expo Center
Address: 2060 N. Marine Drive, Portland, OR 97217
Tel. (503) 736.5200 Fax (503) 736.5201 Email: info@expocenter.org

The following information is requested by management in consideration of your request to lease the Portland Expo Center. The accuracy and completeness of information is critical to approving rental applications. **Please be as detailed and specific as possible. Until management officially approves this application and a formal license agreement is fully executed, there is no legal or binding commitment between the Portland Expo Center and the rental applicant.**

Main Contact, Licensee & Company Information

NAME (Main Contact / Licensee)_____ TITLE_____

BUSINESS NAME_____

ADDRESS_____ CITY_____ STATE_____ ZIP_____

EMAIL ADDRESS_____

PHONE_____ FAX_____

WEBSITE_____

ALTERNATE CONTACT_____ PHONE_____

Event Information

NAME OF EVENT_____

EVENT DESCRIPTION_____

LOAD-IN DATES_____ TIME(S)_____

EVENT DATES_____ TIME(S)_____

LOAD-OUT DATES_____ TIME(S)_____

SPACES (i.e. Hall D, Mtg Rms D202-4)_____

ESTIMATED DAILY ATTENDANCE_____ TOTAL ATTENDANCE_____

PUBLIC or PRIVATE EVENT:	☐ Public	☐ Private		
EVENT TYPE:	☐ Consumer Public	☐ Trade Show	☐ Meal Function	☐ Other_____
TICKETED or NON-TICKETED EVENT:	☐ Ticketed	☐ Non-Ticketed		
FOOD & BEVERAGE SERVICES:	☐ Catering	☐ Concessions	☐ Breaks	
MEDIA RELEASE/ SOCIAL MEDIA OK:	☐ Yes	☐ No		

OTHER COMMENTS / NOTES:_____

HOW DID YOU HEAR ABOUT EXPO:_____

References

BANK & CREDIT REFERENCES: Name_____ Phone_____ Acct #_____

Name_____ Phone_____ Acct #_____

INDUSTRY REFERENCES: Name_____ Phone_____ Company_____

Name_____ Phone_____ Company_____

PREVIOUS EVENTS : Event Name/Type_____ Facility_____

Event Name/Type_____ Facility_____

SIGNATURE_____ DATE_____