



# BUFFALO NIAGARA CONVENTION CENTER

## Event Inquiry Application

### Contact Information

Organization/Company Name:

Organization Address:

City:

State:

ZIP Code:

Contact Name:

Phone Number:

Email Address:

### Event Information

Event Name:

Type of Event:

Preferred Event Date:

Alternate Event Dates ( if preferred is not available):

Event Times:

Expected Attendance:

Will Food & Beverage be required?

Please describe the general set up of the event and an outline of how much space is required:

How many days/hours of set-up time are needed?

How many days/hours of tear-down time are needed?

Will any hotel rooms be required? If so, how many?

Is this a ticketed event?

### History

Has this event been held before?

Facility Used :

Date of Event:

### References

Please list three facilities that your organization has worked with in the past:

Facility, Contact Person, Phone Number:

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**Thank you for your interest in the Buffalo Niagara Convention Center! A Sales Representative will follow up with you to discuss your request.**