



Space Request

Name of Group: _____

Contact Person: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Nature of Event: _____

Public or Private: _____

Expected Attendance: _____

Preferred Date(s): _____ Second Option: _____

Description of Space required: (i.e.Exhibit space for 100 booths, General Session for 500-theater)

Miscellaneous: _____

Decision Date: _____

Fill out this form and mail or fax back to the Lansing Center Sales Department:

Lansing Center Space Request
333 E. Michigan Avenue
Lansing, MI 48933
Phone: (517) 483-7400
Fax: (517) 483-7439