

Note: Must be accompanied by a HOTEL ROOM Request Form.



ROOM PARTY REQUEST FORM

Party Name: _____

Group/Host _____

Website _____

Primary Planning Contact

Secondary Planning Contact

Name _____

Name _____

e-Mail _____

e-Mail _____

Phone _____

Phone _____

Hours of Operation

Thursday: _____ to _____

Minimum of 4 hours per night,
Fri/Sat from 7:00pm—3:00am.

Friday: _____ to _____

Saturday: _____ to _____

*Parties operating only Friday
or Saturday may NOT occupy
the room the opposite night.*

List open/close times.

Sunday: _____ to _____

*If you would like a sleeping room in addition to your party room, you must submit a separate **Hotel Room Request Form** for that sleeping room. Sleeping room requests should be submitted directly to the CONvergence Hotel Department. If you have special needs or requests regarding your room, please submit your form EARLY!*

Party space is allocated from the following three types based on convention needs:

4th Floor Satellite Room

Viewing parties, gamers,
and others desiring quiet.
\$100/night.

2nd Floor Poolside Cabana

Balcony: Better crowd
control than 1st floor.
\$126/night.

1st Floor Poolside Cabana

Porch:
Highest traffic.
\$126/night.

Describe your party concept.

What makes your party unique? Theme? Activities? Please list and justify any specific space allocation desires. Include a party description (up to 50 words) for publication.
