

Meeting Room Request Form

- All catering for airport rented spaces must be done through the airport terminal concessionaire
 - Gosanko Chocolate and Cafe: 206-456-1086
 - In the notes section, please indicate if food or alcohol will be a part of your event. Additional approvals will be needed for any events that request alcohol. *
- If the airport has multiple requests for the same space, priority will be given in the following order: Airport Use, Aeronautical Government or Aeronautical Non-Profit Use, Aeronautical For-Profit Company, King County Government Use, Other Governmental Use, Community Groups (Non-Profit), For-Profit Non-Aviation Related Business.
- BFI is a Federally Obligate Airport and must charge a fair market rate for all non-aeronautical uses of its space. Below you will find the most current meeting room rates. The only exception to the rates listed are for Aeronautical Government uses and Aeronautical Non-Profit organizations.

Contact Information

First Name	
Last Name	
Email	
Phone Number	
Billing Address	

Event Information

Event Name	
Date(s)	
Time(s)	
Meeting Room	

Room Set Up

Layout	
Number of Tables and Chairs	

Meeting Room List and Rental Rates

Main Terminal (First Floor)	Room 110: ➤ Meeting Room Capacity: 25 ➤ Hourly Rate: \$75 ➤ Daily Rate: \$500
Main Terminal (Second Floor)	Room 227: ➤ Meeting Room Capacity: 8 ➤ Hourly Rate: \$50 ➤ Daily Rate: \$300
Flight Service Station (FSS)	Room 34/35: ➤ Meeting Room Capacity: 100 ➤ Hourly Rate: \$200 ➤ Daily Rate: \$1,500

Notes

I certify that the information that I have provided on this application is true and accurate to the best of my knowledge. If our plans change, I will submit a revised application accordingly. I have read and understood this agreement and accept responsibility for the terms listed. I accept responsibility for any damages to equipment or to the facility that occur in association with my use of the facility. I understand that any King County International Airport Staff has the right to close the facility during a rental if he or she determines a situation to be unsafe.

Signature	
Full Name Printed	
Date	

Email the completed form and any questions to narustempasic@kingcounty.gov