

# Meeting Room Rental Agreement

(For Exhibitors with exhibit space of 400 sq. ft. or more.)



## MEETING ROOM RESERVATION SELECTION

I would like to reserve the following meeting room days and times:

### Full Day (\$1,250)

- Monday       Tuesday  
 Wednesday       Thursday

### Half Day (\$625)

- Monday AM       Monday PM  
 Tuesday AM       Tuesday PM  
 Wednesday AM       Wednesday PM  
 Thursday AM       Thursday PM

\_\_\_\_\_ # Full Days @ \$1,250 each = \$ \_\_\_\_\_

\_\_\_\_\_ # Half Days @ \$625 each = \$ \_\_\_\_\_

**Total Due = \$ \_\_\_\_\_**

\_\_\_\_\_ Largest number of people expected at one time

\_\_\_\_\_ Preferred room set-up  
(please provide by March 1, 2016)\*

- Conference Style\*     U-Shape       Reception  
 Classroom       Theater Style  
 Other \_\_\_\_\_

\* Changes after March 1, 2016 will incur a \$250 fee.

(Please print)

Company \_\_\_\_\_

Booth number \_\_\_\_\_

Total square feet of booth space \_\_\_\_\_

Contact person \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_

Zip/Postal code \_\_\_\_\_

Country \_\_\_\_\_

T: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

## CORPORATE LOGO RECOGNITION ON SIGNAGE

I agree to provide my corporate logo in an .eps file format to Lori Reynolds via email at lreynolds@inda.org within five business days of signing the Meeting Room Rental Agreement. If my corporate logo changes, I will notify Lori Reynolds and send the new corporate logo in an .eps file format.

Due to production time of certain items, if a graphic change occurs, it is not guaranteed that the item can be printed with the new graphic. Please confirm the production times of each individual item for any changes.

## PAYMENT SCHEDULE

Full payment must accompany this signed agreement. Without full payment, the meeting room may be released, reassigned, and this Meeting Room Rental Agreement will be voided.

## PAYMENT METHOD

American Express    MasterCard    Visa    Check / Money Order (in U.S. funds drawn on U.S. Bank. Check should be made payable to INDA and reference IDEA16 Meeting Room.)

Wire Transfer \_\_\_\_\_ in US dollars. Please contact Tracie Leatham, [tleatham@inda.org](mailto:tleatham@inda.org), for wire transfer details.

Total Enclosed \$ \_\_\_\_\_ Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
(month/year)

Cardholder's Name \_\_\_\_\_ Cardholder's Signature \_\_\_\_\_  
(Please print)

## AUTHORIZATION

By signing this agreement, I confirm that I have read the above guidelines, and will abide by these terms and conditions. A Meeting Room Rental Agreement must be signed in order to confirm a reservation.

Name \_\_\_\_\_ Authorized Signature \_\_\_\_\_  
(Please print)

Date \_\_\_\_\_ Title \_\_\_\_\_

## CONFIRMATION

You will receive confirmation and the meeting room name once this agreement and payment are received. Agreements are subject to availability and are filled on a first-come, first-served basis.

## CANCELLATION POLICY

Refunds due to meeting room cancellations will not be granted. Exhibitors will be obligated to pay any outstanding balance due on meeting room rental fees as outlined in the Meeting Room Rental Agreement.

## RETURN APPLICATION TO:

### IDEA16 - Meeting Room Rentals

Fax in the U.S.A.: 1 866 770 3291

International Fax: +1 919 459 3701

Mail to: PO Box 1288, Cary, NC 27512-1288, USA

Email: [lreynolds@inda.org](mailto:lreynolds@inda.org)

T: +1 919 459 3716

**QUESTIONS?  
Please Contact**

Lori Reynolds  
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T: +1 919 459 3716