

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 INDIA and reference IDEA16 Meeting Room.)

Wire Transfer _____ in US dollars. Please contact Tracie Leatham, 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

T: +1 919 459 3716

QUESTIONS? Please Contact

Lori Reynolds
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T: +1 919 459 3716