

# 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

(INDA Members: \$1,200 | Non-members: \$1,500)

- Monday                       Tuesday  
 Wednesday                   Thursday

### Half Day

(INDA Members: \$600 | Non-members: \$750)

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

### INDA Members:

\_\_\_\_\_ # Full Days @ \$1,200 each = \$ \_\_\_\_\_

\_\_\_\_\_ # Half Days @ \$600 each = \$ \_\_\_\_\_

### Non-members:

\_\_\_\_\_ # Full Days @ \$1,500 each = \$ \_\_\_\_\_

\_\_\_\_\_ # Half Days @ \$750 each = \$ \_\_\_\_\_

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

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

\_\_\_\_\_ Preferred room set-up  
(please provide by January 15, 2019)\*

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

\* Changes after January 15, 2019 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](mailto: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 the 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.

\* Signage at the venue may not be available for those reserving a meeting room after January 15, 2019.

## 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 IDEA19 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 \_\_\_\_\_ Business 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:

### IDEA19 - 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