

MEETING ROOM RENTAL FORM

October 10-12, 2023
Navy Pier, Chicago, Illinois, USA



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

Full Day

(Members: \$500 / Non-Members: \$650)

- Tuesday (October 10)
- Wednesday (October 11)
- Thursday (October 12)

Half Day

(Members: \$300 / Non-Members: \$350)

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

Members

_____ # Full Days @ \$500 each = \$ _____
_____ # Half Days @ \$300 each = \$ _____

Non-Members

_____ # Full Days @ \$650 each = \$ _____
_____ # Half Days @ \$350 each = \$ _____
Total Due = \$ _____

_____ Largest number of people
expected at one time
_____ Preferred room set-up
(please provide by September 7, 2023)*

- Conference Style
- U-Shape

* Changes after September 7, 2023 will incur a \$250 fee.

(PLEASE PRINT)

Company _____
Exhibit space number _____
Contact person _____
Street address _____
City _____
State/Province _____
Zip/Postal code _____
Country _____
Office Phone _____
Mobile _____
Email _____

CORPORATE LOGO RECOGNITION ON SIGNAGE

I agree to provide my corporate logo in an .eps file format to INDA via email at jtessari@inda.org within five business days of signing the Meeting Room Rental Agreement. If my corporate logo changes, I will notify INDA 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 time required 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 FiltXPO™ 2023 Meeting Room)

Wire Transfer _____ in US dollars. Please contact Joe Tessari, jtessari@inda.org, for wire transfer details.

Total Enclosed \$ _____ Card # _____ Expiration Date _____
(Month/Year)

CVV Code _____ Billing Zip Code _____

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:

FiltXPO™ 2023 – Meeting Room Rentals

Mail to : INDA, 1100 Crescent Green,
Suite 115
Cary, NC 27518, USA

Fax : +1 855 766 3016 (USA) or
+1 919 883 5765 (International)

Email : jtessari@inda.org

Phone : +1 919 459 3729

QUESTIONS?

Please contact

Joe Tessari

jtessari@inda.org

T : +1 919 459 3729