

Meeting Room on Demand Agreement

(May be reserved by Exhibitors beginning January 2, 2019)



RESERVATION SELECTION

I would like to reserve the following Meeting Room on Demand time appointments with a maximum of four hours reserved per day:

Tuesday, March 26

- 7:30 am – 8:30 am \$300
- 9:00 am – 10:00 am \$300
- 10:30 am – 11:30 am \$300
- 12:00 pm – 1:00 pm \$300
- 1:30 pm – 2:30 pm \$300
- 3:00 pm – 4:00 pm \$300
- 4:30 pm – 5:30 pm \$300

Wednesday, March 27

- 7:30 am – 8:30 am \$300
- 9:00 am – 10:00 am \$300
- 10:30 am – 11:30 am \$300
- 12:00 pm – 1:00 pm \$300
- 1:30 pm – 2:30 pm \$300
- 3:00 pm – 4:00 pm \$300
- 4:30 pm – 5:30 pm \$300

Thursday, March 28

- 7:30 am – 8:30 am \$300
- 9:00 am – 10:00 am \$300
- 10:30 am – 11:30 am \$300
- 12:00 pm – 1:00 pm \$300
- 1:30 pm – 2:30 pm \$300
- 3:00 pm – 4:00 pm \$300
- 4:30 pm – 5:30 pm \$300

\$300 X _____ hrs. = \$ _____ **TOTAL DUE**

(Please print)

Exhibiting company _____

Booth number _____

Total square feet of booth space _____

Contact person _____

Street address _____

City _____

State/Province _____

Zip/Postal code _____

Country _____

T: _____

Mobile: _____

Email: _____



PAYMENT SCHEDULE

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

PAYMENT METHOD

American Express MasterCard Visa Check / Money Order (in U.S. funds drawn on U.S. Bank, payable to INDA and reference IDEA19 Meeting Rooms on Demand)

Wire Transfer _____ in US dollars. Please contact Tracie Leatham, tleatham@inda.org, for 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 on Demand Agreement must be signed in order to confirm reservations.

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. Appointments are subject to availability and filled on a first-come, first-served basis.

CANCELLATION POLICY

Refunds due to Meeting Room on Demand cancellations will not be granted. Exhibitors will be obligated to pay any outstanding balance due as outlined in the Meeting Room on Demand Agreement.

RETURN APPLICATION TO:

IDEA19 - Meeting Room on Demand 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**

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