



# Meeting Room Rental Agreement

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

### Full Day (\$500)

- Tuesday
- Wednesday
- Thursday

### Half Day (\$250)

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

\_\_\_\_\_ # Full Days at \$500 each = \$ \_\_\_\_\_  
 \_\_\_\_\_ # Half Days at \$250 each = \$ \_\_\_\_\_

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

### Preferred Room Set-up

- Conference Style
- Classroom
- U-Shape
- Theatre Style
- Reception
- Other

(Please Print)

Company \_\_\_\_\_

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

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### 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.

- 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 Hygienix16 Meeting Room.)
- Wire Transfer \_\_\_\_\_ in U.S. dollars (Please contact Tracie Leatham, tleatham@inda.org, for wire transfer details.)

Total Enclosed \_\_\_\_\_ Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder's Name \_\_\_\_\_ Cardholder's Signature \_\_\_\_\_

### 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.

### RETURN APPLICATION TO:

#### Hygienix 2016 - Meeting Room Rentals

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