

# BICSI® Meeting/Function Space Request

## 2024 BICSI Fall Conference & Exhibition

15-19 September • Caesars Forum • Las Vegas, Nevada, USA



Thank you for requesting space for your meeting or function to be held in conjunction with the 2024 BICSI Fall Conference & Exhibition.

Please complete the information requested below. Your request for space will be forwarded to the requested facility once it has been approved by BICSI. You will receive confirmation of approval and contact representative information. Please make arrangements directly with the facility for your meeting/function.

Return this completed form to Kim Osterman, CMP, via fax to +1 813.971.4311 or email [kosterman@bicsi.org](mailto:kosterman@bicsi.org).

Company name		Date of request	
Address		Street or P.O. box	
City	State/Province	Zip/Postal code	Country
Telephone	Fax	Email	

Meeting/Function name

Purpose of Meeting/Function

Who is invited or will attend this meeting?

Date	Start time	End time	Estimated attendance
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### Room Setup

- Caesars Forum
- Classroom  Conference  U-shape  Banquet  Reception  Theater
- Will food and/or beverage be served?  Yes  No    Is audiovisual required?  Yes  No
- Exhibit Hall Meeting Room\* *Note: No audiovisual or food and/or beverage is available in Exhibit Hall meeting rooms.*

* Meetings can take place during Exhibit Hall hours only.	20x20 room	Quantity	Total
• Monday, 16 September - 4-7:30 p.m. (3.5 hrs)	\$1,600	<input type="checkbox"/> _____	\$ _____
• Tuesday, 17 September - 2-7 p.m. (5 hrs)	\$2,000	<input type="checkbox"/> _____	\$ _____
• Wednesday, 18 September - 9:30 a.m.-1:30 p.m. (4 hrs)	\$1,600	<input type="checkbox"/> _____	\$ _____

**FOR BICSI USE ONLY:** Approved by \_\_\_\_\_ Date approved \_\_\_\_\_ Meeting/Function space assigned \_\_\_\_\_

### Payment Section

Please make all checks payable to BICSI in U.S. dollars, drawn from a U.S. bank. (Call BICSI's Accounting Dept. for instructions on wiring funds.) For your protection, BICSI does not accept emailed credit card numbers. If paying by credit card, please mail or fax your payment information instead.

Total to be paid \$ \_\_\_\_\_  Check or Money Order Enclosed  
 Visa  MasterCard  America Express  Diner's Club  Discover

Internal Use Only

Cardholder name (as the name appears on the credit card) \_\_\_\_\_ Cardholder signature \_\_\_\_\_

Credit card number \_\_\_\_\_ CVV \_\_\_\_\_ Expiration date \_\_\_\_\_ Card billing zip code (required) \_\_\_\_\_