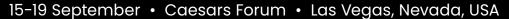
BICSI® Meeting/Function Space Request

2024 BICSI Fall Conference & Exhibition





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. Company name Date of request **Address** Street or P.O. box City State/Province Zip/Postal code Country Telephone Email Fax Meeting/Function name Purpose of Meeting/Function Who is invited or will attend this meeting? Date Start time End time Estimated attendance **Room Setup** Caesars Forum ☐ Classroom ☐ Conference ☐ U-shape ☐ Banquet ☐ Reception ☐ Theater Will food and/or beverage be served? \square Yes Is audiovisual required?

Yes ☐ 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 🗆 Tuesday, 17 September - 2-7 p.m. (5 hrs) \$2,000 🗆 Wednesday, 18 September - 9:30 a.m.-1:30 p.m. (4 hrs) \$1,600 🗆 FOR BICSI USE ONLY: Approved by _ Date approved Meeting/Function space assigned **Payment Section** Internal Use Please make all checks payable to BICSI in U.S. dollars, drawn from a U.S. bank. (Call BICSI's Accounting Dept. for Only 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 ☐ MasterCard ☐ America Express ☐ Diner's Club Cardholder name (as the name appears on the credit card) Cardholder signature Card billing zip code (required) Credit card number CVV **Expiration date**