

# BICSI Meeting/Function Space Request



## BICSI Beyond 2025

17-20 August • The Venetian Resort • Las Vegas, Nevada, USA

Thank you for requesting space for your meeting or function to be held in conjunction with BICSI Beyond 2025 at The Venetian Resort.

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 at [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 \_\_\_\_\_

Contact name \_\_\_\_\_

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 \_\_\_\_\_

### Room Setup

The Venetian Resort

☐ 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/beverage is available in Exhibit Hall meeting rooms.*

* Meetings can take place during Exhibit Hall hours only.	20x20 room	Quantity	Total
• Monday, 18 August – 4:30-7:30 p.m. (3 hrs)	U.S.\$1,600 <input type="checkbox"/>	_____	\$ _____
• Tuesday, 19 August – 2-6:30 p.m. (4.5 hrs)	U.S.\$2,000 <input type="checkbox"/>	_____	\$ _____
• Wednesday, 20 August – 9:30 a.m.-1:30 p.m. (4 hrs)	U.S.\$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. at 813.979.1991 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) \_\_\_\_\_