

# BICSI® Meeting/Function Space Request

## 2024 BICSI Winter Conference & Exhibition

28 January – 1 February • Rosen Shingle Creek • Orlando, Florida, USA



Thank you for requesting space for your meeting or function to be held in conjunction with the 2024 BICSI Winter 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
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
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### Room Setup

☐ Rosen Shingle Creek

☐ 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, 29 January – 4-7:30 p.m. (3.5 hrs)	\$1,600 <input type="checkbox"/>	_____	\$ _____
• Tuesday, 30 January – 2-7 p.m. (5 hrs)	\$2,000 <input type="checkbox"/>	_____	\$ _____
• Wednesday, 31 January – 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) \_\_\_\_\_