

BICSI® Meeting/Function Space Request

2025 BICSI Winter Conference & Exhibition

2-6 February • Gaylord Palms Resort & Convention Center • Orlando, Florida, USA



Thank you for requesting space for your meeting or function to be held in conjunction with the 2025 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 at 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

Gaylord Palms Resort & Convention Center

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, 3 February - 4-7:30 p.m. (3.5 hrs)	U.S.\$1,600	<input type="checkbox"/> _____	\$ _____
• Tuesday, 4 February - 2-7 p.m. (5 hrs)	U.S.\$2,000	<input type="checkbox"/> _____	\$ _____
• Wednesday, 5 February - 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 +1 813.979.1991 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) _____