

MEETING ROOM ON DEMAND AGREEMENT

(May be reserved by Exhibitors beginning January 2, 2020)

Conference & Exhibition: February 26-28, 2020
Navy Pier | 600 East Grand Avenue | Chicago, IL, USA



RESERVATION SELECTION

Wednesday, February 26 Association Rate/ Standard Rate

- 7:30 am – 8:30 am \$250/\$300
- 9:00 am – 10:00 am \$250/\$300
- 10:30 am – 11:30 am \$250/\$300
- 12:00 pm – 1:00 pm \$250/\$300
- 1:30 pm – 2:30 pm \$250/\$300
- 3:00 pm – 4:00 pm \$250/\$300
- 4:30 pm – 5:30 pm \$250/\$300

Thursday, February 27

- 7:30 am – 8:30 am \$250/\$300
- 9:00 am – 10:00 am \$250/\$300
- 10:30 am – 11:30 am \$250/\$300
- 12:00 pm – 1:00 pm \$250/\$300
- 1:30 pm – 2:30 pm \$250/\$300
- 3:00 pm – 4:00 pm \$250/\$300
- 4:30 pm – 5:30 pm \$250/\$300

Friday, February 28

- 7:30 am – 8:30 am \$250/\$300
- 9:00 am – 10:00 am \$250/\$300
- 10:30 am – 11:30 am \$250/\$300
- 12:00 pm – 1:00 pm \$250/\$300
- 1:30 pm – 2:30 pm \$250/\$300
- 3:00 pm – 4:00 pm \$250/\$300
- 4:30 pm – 5:30 pm \$250/\$300

(Please print)

Exhibiting Company _____

Stand number _____

Total square feet of stand space _____

Contact person _____

Street address _____

City _____

State/Province _____

Zip/Postal code _____

Country _____

Office Phone _____

Mobile _____

Email _____

Association Rate \$250 X _____ hrs. = \$ _____ TOTAL DUE

Standard Rate \$300 X _____ hrs. = \$ _____ TOTAL DUE

PAYMENT SCHEDULE

Full payment must accompany this signed agreement. Without full payment, the meeting room may be released, reassigned, and this Meeting Room on Demand Agreement will be voided.

PAYMENT METHOD

American Express MasterCard Visa Check / Money Order (in U.S. funds drawn on U.S. Bank. Check should be made payable to FiltXPO™ 2020 and reference FiltXPO™ Meeting Rooms on demand)

Wire Transfer _____ in US dollars. Please contact Tracie Leatham, tracie@filtxpo.com, for wire transfer details.

Total Enclosed \$ _____ Card # _____ Expiration Date _____
(Month/Year)

CVV Code _____ Billing Zip Code _____

Cardholder's Name _____ Cardholder's Signature _____
(Please Print)

AUTHORIZATION

By signing this agreement, I confirm that I have read the above guidelines, and will abide by these terms and conditions. A Meeting Room on Demand Agreement must be signed in order to confirm a reservation.

Name _____ Authorized Signature _____
(Please Print)

Date _____ Business Title _____

CONFIRMATION

You will receive confirmation and the meeting room name once this agreement and payment are received. Agreements are subject to availability and are filled on a first-come, first-served basis.

CANCELLATION POLICY

Refunds due to Meeting Room on Demand cancellations will not be granted. Exhibitors will be obligated to pay any outstanding balance due as outlined in the Meeting Room on Demand Agreement.

RETURN APPLICATION TO:

FiltXPO™ 2020 – Meeting Room on Demand Rentals

Mail to: PO Box 1288, Cary, NC 27512-1288, USA

Fax in the U.S.A.: +1 866 770 3291

International Fax: +1 919 459 3701

Email: lori@filtxpo.com

Telephone: +1 919 459 3716

QUESTIONS?

Please contact

Lori Reynolds

lori@filtxpo.com

T : +1 919 459 3716

Reserve your room today at FiltXPO.com