

LBM EXPO '16 | Wednesday, Feb. 10 - Friday, Feb. 12, 2016

EXHIBITOR FUNCTION ROOM REQUEST



FUNCTION ROOM REQUEST - EXHIBITING NRLA MEMBERS ONLY

Function Rooms will only be available on a first-come first-served basis to exhibiting companies that are members in good standing.

Company: _____

Contact Name: _____ **E-mail:** _____

Mailing Address: _____

City/State/Zip: _____

Telephone Number: _____ **Fax Number:** _____

Website: _____ **Booth Number of Exhibiting Company:** _____

Date(s) Requested:

Wednesday, Feb. 10, 2016 Thursday, Feb. 11, 2016 Friday, Feb. 12, 2016

Rooms are available at the John B. Hynes Memorial Convention Center.

Rooms should hold _____ people for a: conference-style meeting classroom-style meeting reception

Prices:

1/2 Day Rental - \$400 1 p.m. - 5 p.m. 8 a.m. - 12 p.m. Full Day Rental - \$600
 Evening Rental - \$600 (after 5 p.m.) 24-hr. Rental - \$800

Rooms will not be assigned or confirmed until full payment is received.

Regulations governing the use of function rooms

Use of rooms in the Rhode Island Convention Center (RICC) are limited to hours that the RICC is open. We agree to pay NRLA the rental fee designated above per day/evening. No agreement forms will be accepted without full payment. No products or freestanding displays of any kind will be allowed. Any charges incurred for food, beverage, rental of equipment, furniture, etc. are to be paid by the undersigned. Any damages that may occur while the room is in use by the undersigned will be the responsibility of the undersigned. Assignment of rooms will be done on a first-come, first-served basis from the inventory of unoccupied rooms after the convention program schedule has been finalized. NRLA reserves the right to reassign rooms based on the needs of the convention. Payment is due in full with reservation form.

I agree to the above stated regulations:

Signature: _____ Print Name: _____ Date: _____

Method of Payment: (Check One)

Check or Money Order (payable to NRLA) **Check in the amount of:** _____ **Check number:** _____

Credit Card: VISA MasterCard Amex Discover Payment Amount _____

Credit Card Number: _____ **Exp. Date:** _____ **Security Code #:** _____

(A three digit code either on the front of AMEX card or in the signature box on MasterCard, VISA, or Discover.)

Name on Card: _____

Billing Address: _____ **City/State/Zip:** _____

Signature: _____ **Date:** _____

SUBMIT FORM WITH PAYMENT IN FULL TO THE NRLA, 585 N. GREENBUSH RD., RENSSELAER, NY 12144

For office use only: Date: _____ Amount Paid: _____ Check Number: _____ Room: _____

www.lbmexpo.com

LBM EXPO '16: Strengthen Your Independent Edge