

## EXHIBITOR MEETING KIOSK REQUEST

### MEETING KIOSK REQUEST EXHIBITING NRLA MEMBERS ONLY

Meeting Kiosks 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, Dec. 11, 2024       Thursday, Dec. 12, 2024

Meeting Kiosks are located on the LBM Expo Show Floor. Each meeting kiosk is 8x10, surrounded by pipe and drape with an awning cover. Signage provided upon request.

#### Prices:

1 Day Rental - \$250       2 Day Rental - \$350

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

#### Regulations governing the use of meeting kiosks

Use of meeting kiosks are limited to hours that the LBM Expo Show Floor is open. We agree to pay NRLA the rental fee designated above. 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 kiosk is in use by the undersigned will be the responsibility of the undersigned. Assignment of kiosk will be done on a first-come, first-served basis from the inventory of available kiosks. 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** (payable to NRLA) **Check in the amount of:** \_\_\_\_\_ **Check number:** \_\_\_\_\_

*If paying by check please mail to: NRLA, 585 North Greenbush Rd., Rensselaer, NY 12144*

**Credit Card:**  VISA  MasterCard  Amex  Discover Payment Amount \_\_\_\_\_

*If paying by credit card please email form to dberger@nrla.org or mhenzel@nrla.org*

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: \_\_\_\_\_

For office use only: Date: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Check Number: \_\_\_\_\_ Room: \_\_\_\_\_