

LBM EXPO

Mohegan Sun Earth Expo, Uncasville, CT
Wed., Dec. 10 – Thurs., Dec. 11, 2025

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:

☐ Tuesday, Dec. 9, 2025 ☐ Wednesday, Dec. 10, 2025 ☐ Thursday, Dec. 11, 2025

Rooms are available at the Mohegan Sun Earth Expo & Convention Center.

Rooms should hold _____ people for a: ☐ Conference-style meeting ☐ Classroom-style meeting ☐ Reception

Prices:

☐ 1/2 Day Rental - \$500 ☐ 1 p.m. - 5 p.m. ☐ 8 a.m. - 12 p.m. ☐ Full Day Rental - \$750

☐ Evening Rental - \$750 (after 5 p.m.) ☐ 24-hr. Rental - \$1,000

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

Regulations governing the use of function rooms

Use of rooms in the Mohegan Sun Earth Expo & Convention Center are limited to hours that the Convention Center 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** (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:** _____

Signature: _____ **Date:** _____

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