

# 2024 Meeting Room Application

This form is fillable as a PDF. Please consider not printing!

## Company Information

Company Name (the "Company")	
Address	
Address 2	
City	
State / Province & Postal Code	
Country	

## Contact Information

	Primary Contact (On-Site Contact)	Secondary Contact
Name		
Title		
Email		
Phone		

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# MeetingRoom Terms & Conditions

1. Meeting room rates are based on the exhibiting and membership status of Company. Should the & R P S D Q \ ¶ V H 4 K L F e m W e i s Q status change from the time of application through the date of the event, ACP reserves the right to re-calculate the rental rate and charge any balance to the Company via invoice or the credit card provided. Full payment must be received within 30 days of invoicing or within five (5) business days prior to the first day of the Conference, whichever comes first, or meeting room(s) will be released. ACP ice itinete