

BICSI® Meeting/Function Space Request

2023 BICSI Winter Conference & Exhibition

5-9 February • Tampa Convention Center • Tampa, Florida, USA



Thank you for requesting space for your meeting or function to be held in conjunction with the 2023 BICSI Winter Conference & Exhibition.

Please complete the information requested below. Your request for space will be forwarded to the requested facility once it has been approved by BICSI. You will receive confirmation of approval and contact representative information. Please make arrangements directly with the facility for your meeting/function.

Return this completed form to Kim Osterman, CMP, via fax to +1 813.971.4311 or email kosterman@bicsi.org.

Company name _____ Date of request _____

Address _____ Street or P.O. box _____

City _____ State/Province _____ Zip/Postal code _____ Country _____

Contact name _____

Telephone _____ Fax _____ Email _____

Meeting/Function name _____

Purpose of meeting/Function _____

Who is invited or will attend this meeting _____

Date _____ Start time _____ End time _____ Estimated attendance _____

Room Setup

- Tampa Convention Center Tampa Marriott Water Street
 Classroom Conference U-shape Banquet Reception Theater
Will food and/or beverage be served? Yes No Is audiovisual required? Yes No

Exhibit Hall Meeting Room* *Note: No audiovisual or food and/or beverage is available in Exhibit Hall meeting rooms.*

* Meetings can take place during Exhibit Hall hours only.	20x20 room	10x20 room	Quantity	Total
• Monday, February 6 - 4-7:30 p.m. (3.5 hrs)	\$1,600 <input type="checkbox"/>	\$1,200 <input type="checkbox"/>	_____	\$ _____
• Tuesday, February 7 - 2-7 p.m. (5 hrs)	\$2,000 <input type="checkbox"/>	\$1,500 <input type="checkbox"/>	_____	\$ _____
• Wednesday, February 8 - 9:30 a.m. - 1:30 p.m. (4 hrs)	\$1,600 <input type="checkbox"/>	\$1,200 <input type="checkbox"/>	_____	\$ _____

FOR BICSI USE ONLY: Approved by _____ Date approved _____ Meeting/Function space assigned _____

Payment Section

Please make all checks payable to BICSI in U.S. dollars, drawn from a U.S. bank. (Call BICSI's Accounting Dept. for instructions on wiring funds.)
For your protection, BICSI does not accept emailed credit card numbers. If paying by credit card, please mail or fax your payment information instead.

Total to be paid \$ _____ Check or Money Order Enclosed
 Visa MasterCard America Express Diner's Club Discover

Internal Use Only

Cardholder name (as the name appears on the credit card) _____ Cardholder signature _____

Credit card number _____ CVV _____ Expiration date _____ Card billing zip code (required) _____