



# STREAMLINING HEALTHCARE EXPO & BUSINESS EXCHANGE

SEPTEMBER 22-24 | CHICAGO, IL

# MEETING SPACE REQUEST FORM

E-MAIL COMPLETED FORM TO [BERRY@HIDA.ORG](mailto:BERRY@HIDA.ORG)

### INDICATE:

- Distributor
- Manufacturer
- Service Provider
- GPO and IDN

### INTERESTED IN:

- Hotel Meeting Room
- Hotel Sleeping Suite

FOR AVAILABILITY AND PRICING,  
PLEASE CONTACT JULIE BERRY AT  
703-838-6103 OR [BERRY@HIDA.ORG](mailto:BERRY@HIDA.ORG)

### GENERAL INFORMATION

COMPANY

CONTACT PERSON

ADDRESS

CITY STATE

ZIP COUNTRY

TELEPHONE

E-MAIL

### MEETING INFORMATION

- JW Marriott Indianapolis

NAME OF MEETING

MEETING DATE(S)

# OF MEETING ATTENDEES

SET MEETING BY START TIME END TIME

### HIDA USE ONLY Room Placement

### METHOD OF PAYMENT

- CHECK: In U.S. dollars, made payable to HIDA.
- CREDIT CARD:  American Express  MasterCard  VISA

CARD NUMBER

EXP. DATE SECURITY CODE (REQUIRED):

NAME ON CARD

SIGNATURE

### GUIDELINES

- Applications due August 24, 2026.
- Cancellations will be accepted until August 24, 2026 and refunds will be given less a \$99 processing fee.
- There will be no refunds for any requests made after August 25, 2026.
- HIDA will forward your meeting requirements to the location of where your meeting will take place. A HIDA representative will contact you with your assigned meeting room and will share contact information for food and beverage and audio/visual coordination.
- It is your responsibility to establish private billing directly with the hotel upon confirmation of meeting space for all Food & Beverage and Audio Visual. HIDA is not responsible for payment of any services connected with the event listed above.
- Be aware that hotels and catering companies have cancellation policies that include penalties for late cancellation of private functions.