



World ATM Congress 2018

Operated by CANSO in partnership with ATCA

MEETING ROOMS REQUEST FORM

Meeting rooms are available to WATMC Sponsors and Exhibitors. Please complete this form and return to sandra.strickland@atca.org. Once received, your request will be processed and your meeting room will be assigned. **If you are in need of additional services such as A/V and Catering, please complete the second page of this form and once submitted, the appropriate vendor will contact you regarding details and pricing.**

Company Information: Please complete the information below:

Company Name: _____
Address Line 1: _____
Address Line 2: _____
City: _____ State: _____ Postal Code: _____
Country: _____ VAT #: _____

Room Rental Contact: (Main Contact)

Name: _____
Phone: _____
Email: _____

Billing Contact: (If different from Main Contact)

Name: _____
Phone: _____
Email: _____

Note: All Exhibitor correspondence will be sent to Main Contact email address.

Meeting Room:

We wish to reserve Meeting Room: _____
3 Day Rental Rate: € _____ + Additional Day € _____ = TOTAL Rental Fee: € _____
Start date: _____ Start time: _____ End date: _____ End time: _____

REQUIRED ROOM SET UP: ***If no information is provided below, the meeting room will be set to the maximum that is allowed for the Meeting Room Requested***

Theatre Open U shape # of Persons
School Empty Others
Board President table

Payment Information: ***Full payment is due with application. Meeting Room keys will not be provided if payment has not been made***

Total Rental Fee + 21% VAT = TOTAL DUE: € _____ (Payment in Euros Only)

- Please invoice balance due.
- Wire Transfer (Wire transfer information will be listed on all invoices).
Contact Ashley Haskins ashley.haskins@atca.org or call 1-703-299-2430 ext. 395 for additional assistance.
- Credit Card (If paying by Credit Card please complete and return the attached WATMC Credit Card Authorization Form (A 2.5% processing fee will be applied))

Cancellation Policy

A refund of the Meeting Room fees, minus a 15% administrative fee, will be given for cancellations received **IN WRITING** by **February 2, 2018**. Email cancellation request to sandra.strickland@atca.org. **NO refunds will be granted for cancellations received AFTER February 2, 2018**. Please refer to page 2 of this form for the cancellation terms of MEETING ROOM SERVICES.

SIGNATURE _____ Date _____

ADDITIONAL SERVICES

(Additional Fees Charged and Billed By Vendor)

Audiovisuals (Additional Fees Charged and Billed By Vendor)

LCD projector + projection table
Long-range laser pointer (for sale)
Plasma Monitor
Paper board/flip chart

DVD player
Projection screen
Plasma Monitor

CD Player
Lectern

Other:

Sound System Services (Additional Fees Charged and Billed By Vendor)

Sound System
(rate will vary depending on the room size
and number of persons)

Additional wireless microphones
Additional microphones on president table or lectern
Others:

Simultaneous translation equipment (Additional Fees Charged and Billed By Vendor)

Sound System and number of receivers (indicate number of persons): _____

Languages: _____

*Please note: translators are not included

Cabled Internet Services (Additional Fees Charged and Billed By IFEMA)

Internet Connection – 2MB (€222)
Internet Connection – 8MB (€333)
Internet Connection – 16MB (€555)

Internet Multi-Station Package
(incl. 8MB + 4 Users) (€1,222)
Add'l User Multi-Station Package
(Up to 12 total users) (€210)

Hostess Service (Additional Fees Charged and Billed By Vendor)

of Hostesses: _____ Timetable*: _____

Languages: _____

*Minimum 4 hours.

Catering Services (Additional Fees Charged and Billed By Vendor)

Yes (Indicate needs): _____

No

RULES ON SERVICES CONTRACTS OUT OF TERM CONTRACT AND CANCELLATION OF SERVICES

All services/rooms/rental spaces requested after **February 23, 2018** will have a surcharge of **25% over** the published official tariff.

The applicant shall pay a penalty of **40% over** the applicable tariff for any cancellations occurring **AFTER February 23, 2018** for confirmed services/rental spaces.



World ATM Congress 2018

6-8 March 2018

Madrid, Spain

IFEMA, Feria de Madrid

Credit Card Authorization Form

**Upon ATCA's receipt of this Credit Card Authorization Form, your card
will be charged the specified amount.**

Payment Options: MASTERCARD VISA

Name of Organization: _____

PRINT Name as it appears on card: _____

Credit Card #: _____

Expiration Date: Month _____ Year _____

CVV Security Code: _____

Billing Address of card: _____

City: _____ State: _____ Postal Code _____

Country: _____ Telephone #: _____

Email address (payment receipt will be sent to this address):

Subtotal: \$ _____ 2.5% Credit Card Processing Fee: \$ _____

Purpose of charge: _____

Authorized Signature: _____