

2024 ANNUAL MEETING

& PRODUCT SHOWCASE

OCTOBER 29 – 31

THE PALMER HOUSE, CHICAGO, IL

2024 Ancillary Meeting Request Form

Ancillary meeting rooms are available to PPI members on a first-come, first-served basis, and requests are subject to availability. Once PPI receives the Ancillary Meeting request, the contact person below will be notified to confirm availability.

CONTACT PERSON

Company Name _____

Contact Name _____

Email Address _____

Phone _____

ONSITE CONTACT

The onsite contact person is the SAME as the contact person above

The onsite contact person is DIFFERENT from the contact person above
(complete section below)

Onsite Contact Name _____

Email Address _____

Phone _____

ROOM FEE

The fee for an ancillary meeting room is \$1,500 (maximum occupancy of 45).

Reservations include the same room for both [Tuesday, October 29](#) and [Wednesday, October 30](#), from [8:00 am – 5:00pm](#).

The room fee includes a basic setup (tables, chairs, and house linen). The price does not include food, beverage, audiovisual, or other special requirements or requests.

MEETING INFORMATION

Estimated Maximum Number of Attendees: _____

Would you like your meeting name to be listed on hotel reader boards (public)? Yes No

If yes, please list exactly how you would like the meeting name to be listed:

REQUESTED SETUP

Select your preferred setup type from the options below (capacity indicated). Once submitted to the hotel, the room setup cannot be changed.

Classroom (20)

Conference/Board Room (24)

Rounds of 10 (40)

Theater (45)

Other (please specify): _____

ADDITIONAL SERVICES

The following services are available at an additional cost. The contact person listed on this form is responsible for confirming and paying for any services requested. PPI staff will provide details on how to order these items. Please indicate which services you would like to receive information about:

Food and Beverage Audio Visual

Additional Comments and Special Requests:

ACCEPTANCE

Representative Signature: _____

Date: _____

The acceptance of this ancillary meeting request form is subject to final approval by PPI. Once your request is confirmed, the ancillary meeting room fee is non-refundable.

PAYMENT INFORMATION (please select one)

Check Payment: Please make check payable to Pickle Packers International, Inc. and mail your payment with this form to the following address. **Your request will be processed once payment is received.**

Pickle Packers International, Inc.
PPI Ancillary Rooms
1101 17th Street NW, Ste. 700
Washington, DC 20036 USA

Credit Card Payment: Please provide your credit card information below:

Name on Card: _____

Credit Card Number: _____

Expiration Date: _____

Return Form To: PPI Meetings Management

Email: rsoloway@ilovepickles.org

