

## CONFERENCE MEETING ROOM AGREEMENT

1

### COMPANY AND BILLING DETAILS

|                                |                               |                     |
|--------------------------------|-------------------------------|---------------------|
| COMPANY NAME                   |                               | BOOTH NUMBER OR N/A |
| PRIMARY CONTACT NAME AND TITLE |                               | PHONE               |
| EMAIL                          | BILLING CONTACT, IF DIFFERENT |                     |
| BILLING STREET ADDRESS         |                               |                     |
| CITY                           | STATE OR PROVINCE             | POSTAL CODE         |
| COUNTRY                        | BILLING EMAIL                 |                     |

2

### SELECT THE REQUESTED DATE AND TIME

Select either a Full Day or one or more Meeting Room Sessions for each date. All selections are subject to availability.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |       |                                                                                                                                                                                                                                                                                                                                        |          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| <b>MEETING ROOM SESSION</b><br><b>\$4,600 per room, per session</b><br><input type="checkbox"/> Tuesday, April 6   9:00 am to 1:30 pm<br><input type="checkbox"/> Tuesday, April 6   1:30 pm to 6:00 pm<br><input type="checkbox"/> Wednesday, April 7   9:00 am to 1:30 pm<br><input type="checkbox"/> Wednesday, April 7   1:30 pm to 6:00 pm<br><input type="checkbox"/> Thursday, April 8   9:00 am to 12:00 pm<br><input type="checkbox"/> Thursday, April 8   12:00 pm to 3:00 pm |       | <b>FULL DAY</b><br><b>\$7,000 per room, per day</b><br><input type="checkbox"/> Tuesday, April 6   9:00 am to 6:00 pm<br><input type="checkbox"/> Wednesday, April 7   9:00 am to 6:00 pm<br><input type="checkbox"/> Thursday, April 8   9:00 am to 3:00 pm<br><br>Full Day provides uninterrupted access for the confirmed show day. |          |
| Number of Sessions                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | _____ | Sessions subtotal                                                                                                                                                                                                                                                                                                                      | \$ _____ |
| Number of Full Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | _____ | Full Day subtotal                                                                                                                                                                                                                                                                                                                      | \$ _____ |

|                                           |                      |
|-------------------------------------------|----------------------|
| COMPANY NAME                              |                      |
| PURPOSE OF MEETING                        |                      |
| EXPECTED ATTENDANCE                       | PREFERRED ROOM SETUP |
| ACCESSIBILITY REQUIREMENTS OR OTHER NOTES |                      |

|                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>RESERVATION AND ROOM ASSIGNMENT</b><br>Submitting this form is a request only. All dates, times, setups and room assignments are subject to availability and written confirmation by Seatrade Cruise Global.                                                                 | <b>RATES AND PAYMENT</b><br>The Meeting Room Session rate is \$4,600 per room, per selected session. The Full Day rate is \$7,000 per room, per selected day. Multiple selections are billed separately. Payment is due in accordance with the issued invoice.              |
| <b>INCLUDED SERVICES</b><br>The rental includes use of the assigned room during the confirmed hours and the standard room setup approved by Show Management. Food and Beverage, Audio Visual, internet, signage, specialty furniture, security and room resets are not included | <b>ACCESS AND USE</b><br>Access is limited to the confirmed rental period. Early access, overtime, setup changes and resets require prior approval and may incur additional charges. Attendance and room setup must comply with posted capacity, venue rules and fire code. |
| <b>INSURANCE</b><br>The participating Company must provide Seatrade Cruise Global with a compliant Certificate of Liability Insurance no later than Friday, March 12, 2027, in accordance with the sample insurance requirements provided.                                      | <b>RESPONSIBILITY</b><br>The participating Company is responsible for its attendees, approved vendors and any loss or damage arising from its use of the room.                                                                                                              |

This Agreement is between Informa Princeton LLC d/b/a Seatrade Cruise Global ("Seatrade" or "Informa") and the Company named in this Agreement ("Company"). By executing this agreement, the Company acknowledges that it has reviewed, understands, and agrees to be bound by the Informa Terms and Conditions available [HERE](#). The undersigned individual executing this Agreement on behalf of the Company hereby represent, warrant, and certify that they are authorized to enter into this Agreement on behalf of the Company.

|                        |                   |
|------------------------|-------------------|
| PRINTED NAME AND TITLE | COMPANY SIGNATURE |
| DATE                   | COMPANY EMAIL     |

Please retain a copy of the fully executed agreement for your records.