clinicallipid update 2026

OCTOBER 2-4
ORLANDO, FL

MEETING ROOM REQUEST FORM

The National Lipid Association is pleased to offer a limited number of meeting rooms for approved meetings requested by industry-related groups and/or sponsors of the 2026 NLA Fall Clinical Lipid Update only.

To confirm meeting space, please complete this form on or before **September 1, 2026**. Once the form and payment are received, the NLA will contact you with your meeting space assignment(s). We ask that you do not contact the JW Marriott Bonnet Creek directly as they will refer all inquiries back to the NLA. Half day rates and slots are not offered.

Meeting Rooms will be provided from 7:00am – 6:00pm each day.

Cost: $3,000 for the 1st Day | $2,500 for each additional day

Company Information

Company Name _____ Contact Email _____

Company Contact _____ Contact Phone _____

Dates Requested

☐ Thursday, October 1 ☐ Saturday, October 3

☐ Friday, October 2 ☐ Sunday, October 4

Estimated number of people attending (to accurately assign the right size space): _____

Room setup (U-shape, Boardroom, Hollow Square, etc.): _____

Terms

Company is responsible for all costs related to shipping, furniture rental, AV services, security, and all other services (electrical, etc.). The NLA will provide Company with the preferred AV vendor contact.

Meeting space will be assigned on a first-come, first-served basis and will be based on space availability at the JW Marriott Bonnet Creek for industry-related groups and/or sponsors only.

Any company renting meeting space must have an Exhibit Booth in the Exhibit Hall.

NLA reserves the right for final approval of each meeting space request.

Payment and Billing Information

☐ Visa ☐ American Express ☐ MasterCard

TOTAL AMOUNT: $_____

Name on Card _____

Card Number _____

Exp. Date _____ Security Code ____ Zip _____

Card Billing Address _____

MAIL: National Lipid Association
12574 Flagler Ctr. Blvd., Ste. 101, PMB 23
Jacksonville, FL 32258-2615

EMAIL: *exhibits@lipid.org* | *akirkland@lipid.org*

My signature below indicates that my card will be charged for the total amount listed above.

Print Name _____

Signature _____ **Date** _____