



Scooter/Wheelchair Rental Form

	Name of Attendee: Phone Number:				
	Pick Up Date:	Approximate Pick Up Time:		:	
	Drop Off Date:	Approximate Drop Off Time:			
	Please check your preference: Scooter Wheelchair				
84IfWIf(sIf	agree to pick up and return the scoote 4 th Scientific Sessions on the agreed up the scooter/wheelchair is picked up a vithout any damages there is <u>no charge</u> the scooter/wheelchair is not picked up cooter) or \$150 (wheelchair) will be apthe scooter/wheelchair is not returned the scooter wheelchair is not returned the scooter	oon dates as noted and returned on the for the loan of the up and utilized during polied to the credit dor if it is returned	above. agreed up scooter/v ng the me card listed	oon dates and wheelchair. eting a charge d below.	it is returned
Credit Card Number:				Exp. Date:	
Billing Street Address:			Billing Zi	p/Postal Code:	
Name a	as it appears on card:				
Signature:			Date:		

Pick-Up:

Please go to **TBD** of the Orange County Convention Center to pick up the scooter/wheelchair. Contact <u>conventionoperations@diabetes.org</u> if you have questions.