



### 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 <input type="checkbox"/> Wheelchair <input type="checkbox"/> |                            |

- I agree to pick up and return the scooter/wheelchair during the American Diabetes Association’s 85<sup>th</sup> Scientific Sessions on the agreed upon dates as noted above.
- If the scooter/wheelchair is picked up and returned on the agreed upon dates and it is returned without any damages, there is no charge for the loan of the scooter/wheelchair.
- If the scooter/wheelchair is not picked up and utilized during the meeting a charge of \$250 (scooter) or \$150 (wheelchair) will be applied to the credit card listed below.
- If the scooter/wheelchair is not returned or if it is returned damaged any costs incurred by ADA will be applied to the credit card listed below.

|                             |                          |
|-----------------------------|--------------------------|
| Credit Card Number:         | Exp. Date:               |
| Billing Street Address:     | Billing Zip/Postal Code: |
| Name as it appears on card: |                          |
| Signature:                  | Date:                    |

Pick-Up:

Please go to **TBD** of the McCormick Place Convention Center to pick up the scooter/wheelchair. Contact [conventionoperations@diabetes.org](mailto:conventionoperations@diabetes.org) if you have questions.