

Exhibit Meeting Space Request Form



Note: For meetings/events with multiple functions, please submit a separate form for each individual function. Keep a completed copy of this form for your records. Please return the form no later than February 5, 2005

Return this form by mail, fax, or email to:

AACC Meetings Department, 2101 L Street, NW Suite 202 Washington, DC 20037 Fax: 202-833-4576 Email: cpelham@aacc.org

Until June 25, 2005, no more than one meeting room will be assigned to any one exhibitor. Meeting rooms will be assigned for specific meeting purposes and schedules – no 24-hour hold is permitted for more than one day. After June 25, 2005, meeting space will be assigned on first-come, first-served basis.

PLEASE PRINT

Function Name _____

Day/Date _____ Start Time _____ Finish Time _____

Preferred Site: The Rosen Centre 1st choice 2nd choice The Peabody Hotel 1st choice 2nd choice

Anticipated Attendance: _____ *Final # on which you will be billed must be provided to AACC by July 5, 2005. If the meetings department does not receive a final # by the deadline date, the anticipated attendance number will be used.*

Onsite Contact _____

Coordinator _____ Title _____

Organization _____

Address _____

City, State/Country, Postal Code _____

Phone (____) _____ Fax (____) _____ E-Mail _____

ROOM SET

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> Classroom (2 per 6' table) | <input type="checkbox"/> Rounds | <input type="checkbox"/> Conference (Maximum of 20 people) |
| <input type="checkbox"/> Theater | <input type="checkbox"/> Lectern | <input type="checkbox"/> Risers <input type="checkbox"/> Materials Table |
| <input type="checkbox"/> Head table for _____ people | <input type="checkbox"/> Other _____ | |

FOOD & BEVERAGE

- | | | | | | |
|---|--|--------------------------------------|---------------------------------|---------------------------------|---|
| <input type="checkbox"/> Breakfast: | start time _____ | <input type="checkbox"/> Continental | <input type="checkbox"/> Full | <input type="checkbox"/> Plated | <input type="checkbox"/> Buffet |
| <input type="checkbox"/> Refreshment Break: | <input type="checkbox"/> am start time _____ | finish time _____ | | | |
| | <input type="checkbox"/> pm start time _____ | finish time _____ | | | |
| <input type="checkbox"/> Luncheon: | start time _____ | finish time _____ | <input type="checkbox"/> Plated | <input type="checkbox"/> Buffet | <input type="checkbox"/> I need a Separate Room |
| <input type="checkbox"/> Reception: | start time _____ | finish time _____ | | | |
| <input type="checkbox"/> Dinner: | start time _____ | finish time _____ | | | |

Post:

It is your responsibility to communicate all information to your attendees.

Onsite (hotel to post)

Other requirements _____

Facility:	Room:	Function #:
-----------	-------	-------------