Exhibit Meeting Space Request Form

clinical lab expo

July 26-28, 2005 Orlando, Florida at the Orange County Convention Center

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

☐ Classroom (2 per 6' table) ☐ Rounds ☐ Conference (Maximum of 20 people)
☐ Theater ☐ Lectern ☐ Risers ☐ Materials Table
☐ Head table for _____ people ☐ Other _____

FOOD & BEVERAGE

☐ Breakfast: start time_____ ☐ Continental ☐ Full ☐ Plated ☐ Buffet
☐ Refreshment Break: ☐am start time_____ finish time_____
☐pm start time_____ finish time_____
☐ Luncheon: start time_____ finish time_____ ☐ Plated ☐ Buffet ☐ I need a Separate Room
☐ Reception: start time_____ finish time_____
☐ 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 #:

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