

**2011 AACC Annual Meeting
July 24-28, 2011, Atlanta, GA
Exhibitor Meeting Space
Request Form**



Meeting space will be available ONLY to those companies exhibiting at the Clinical Lab Expo

PLEASE NOTE: EXHIBITOR FUNCTIONS ARE NOT ALLOWED DURING EXHIBIT HOURS ON TUESDAY, WEDNESDAY AND THURSDAY. EXHIBITORS MAY NOT HAVE SPACE ON A 24-HOUR BASIS.

Keep a completed copy of this form for your records. **Please return the form to the Meetings Department as soon as possible, but prior to May 6, 2011.** Space will be assigned on a first come, first serve basis. Hotel space in other hotels cannot be assigned by AACC but must be approved by AAAC.

Return this by mail, fax, or email to: AACC Meetings Department, Attn: Karen Ellis, 1850 K Street, NW, Suite 625, Washington, DC 20006; Ph: (202) 835-8702, Fax: (202) 833-4568, Email: Kellis@aacc.org. **PLEASE PRINT IN BOXES BELOW**

Posting: Please note that it is your responsibility to communicate all information to your attendees. It is also your responsibility to provide signage for your event onsite. Signage will only be permitted immediately outside meeting space.

FUNCTION INFORMATION

<u>Day/Date of Function</u>	<u>Function Title</u>	<u>Function Purpose</u> <i>Please be as detailed as possible</i>	<u>Begin Time</u>	<u>End Time</u>	<u>Room Set-Up</u> * <i>(choose one from room sets below)</i>	<u>Number of People</u>

Purpose of Meeting _____

Who Will Attend Meeting _____

***Room Sets:** Classroom (2 per 6' table), Banquet Rounds, Hollow-square, U-Shape, Boardroom (20 people around 1 solid table), Theater, V-Shape Classroom, Other-Requesting Foyer Area for Cocktail Reception or Registration

Food & Beverage: We plan to serve Food & Beverage
 Breakfast Continental Breakfast Lunch Reception Dinner

Preferred Site: Hyatt Regency Atlanta Atlanta Marriott Marquis
 Choices: 1st 2nd 3rd 1st 2nd 3rd

Audio Visual: For your audio visual needs, you will be contacted by AACC's official A/V Company, AVMG.

COMPANY INFORMATION

Contact Name:		Title:	
Onsite Contact:			
Company:			
Address:			
City:	State:	Zip:	
Phone:	Fax:	E-mail:	

FOR AACC USE ONLY

Facility:	Room:	Function:
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