



## ANCILLARY MEETING REQUEST

Name of Organization:

Activity Name:

Event Type/Purpose of Activity:

Invitees:

Booth #:

Estimated Attendance:

Event Start Date:

Event End Date:

Event Start Time:

Event End Time:

Set-up:

Will you be using A/V or Staging?

Will you be ordering F&B?

Additional Information:

### Pre-Event Contact

Name:	
Organization:	
Title:	
Phone #:	
Email:	

### On-Site Contact

Name:	
Organization:	
Title:	
Phone #:	
Email :	

Submit application to: Amy Phillips – [aphillips@acog.org](mailto:aphillips@acog.org)