ANCILLARY MEETING REQUEST

Name of Organization:

Activity Name:

Event Type/Purpose of Activity:

Invitees:

Booth #:

Estimated Attendance:

Event Start Date: Thursday, May 5

Event End Date: Thursday, May 5

Event Start Time:

Event End Time:

Set-up:

Will you by using A/V or Staging? No

Will you be ordering F&B? No

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*