

19th International Myeloma Society Annual Meeting

AUGUST 25-27, 2022 • LOS ANGELES, CA

ANCILLARY EVENT SPACE REQUEST FORM

Complete this form for EACH request and submit **NO LATER THAN July 29, 2022.**

Company Name: _____

Contact Name: _____

Email Address: _____

Mailing Address: _____

Phone: _____ Fax: _____

EXHIBITOR/SPONSORED PRIVATE FUNCTIONS & HOSPITALITY SUITES

I/we have read the IMS Annual Meeting Guidelines regarding Ancillary Events and agree to abide by all the IMS Annual Meeting General Rules and Regulations and hold harmless the IMS Annual Meeting from and against any and all liability and claims and demands which may arise from or be asserted in connection with the foregoing undertakings and responsibilities.

Print Name: _____ Title: _____

Applicant's Signature: _____ Date: _____

Function Name: _____

Desired Location*: _____

**Meeting space may not be available at all meeting venues.*

Function Type: Private F&B Function Investigator/Industry Update Internal Sales/Business Meeting
 Patient Group/Non-Profit Organization Other _____

Number Attending: _____ Attendance: Company Personnel Physician/Company Other _____

Function Date: August _____, 2022 Start Time: _____ am/pm End Time: _____ am/pm

**Must be in compliance with the black out date/times.*

Event Description/Purpose: _____

Fees and Payment:

There is a \$1,000 non-refundable fee per approved event request. This fee will be waived for corporate sponsors of the IMS Annual Meeting supporting the IMS Annual Meeting at a Silver level or higher.

Name on Card: _____

Credit Card #: _____ Exp Date: _____

Signature: _____

Please Note: Do not email forms with credit card information. Fee will be processed upon approval of event.

Return form to:
2022 IMS Annual Meeting c/o SPARGO, Inc.
11208 Waples Mill Road, S-106 Fairfax, VA 22030
Email: imsregistration@spargoinc.com

IMS Annual Meeting Use Only

Date Received: _____

Date Approved: _____

Added to DB: _____