

Exhibitor Function Space Request

COMPANY NAME		
CONTACT PERSON	EMAIL	
MEETING NAME		
DAY DATE	START TIME	END TIME
1. Type of Event: Internal (Sales/Training/Board) Company Meeting - \$250 skip to #5 Other: check meeting type that applies below and proceed to #2 User Meeting Customer Event Focus Group Satellite Symposia (no CE credit) Media Event 2. If you selected Other, will you have 50 people or more attend the meeting/event? Yes - \$4,000, # of people: No, we will have less than 50 people attend the event - \$2,000 3. If you selected Other, would you like your event listed in the Final Program? Yes (must have by March 20, 2020), as:	4. For Other events (please pick one): Eligible meeting times are as follows: Saturday, June 13, 8:00pm-end Sunday, June 14, 6:00am-8:00am Monday, June 15, 6:00am-8:00am Monday, June 15, 6:00pm-end Tuesday, June 16, 6:00am-8:00am Tuesday, June 16, 7:15pm-end 5. Food and Beverage: Yes No 6. Will you require any Audiovisual?	7. Set-up Requirements: # of people: Conference Hollow-square U-shape Theater Schoolroom/Classroom Rounds Crescent Rounds (3/4 rounds) 8. Location Preference (pick one): Official SNMMI Hotel Preferred Hotel: New Orleans Convention Center I will arrange for an off-site location Location:
□ No, please do <u>NOT</u> post		
Payment Information: □ Check enclosed payable in U.S. dollars Credit Card: □ Visa □ MasterCard □ Ameri	can Express	
Card #	Exp. Date:	Security Code:
Name on card:	Signature:	
Any and all charges for services levied by hor responsible for payment for any services connectabor contracts, etc. that are required by any ver	cted with the above event. SNMMI has no aut	thority over any service charges, rental fees
Agreed to by:		Date:
Function Organizer's Signature		