

Meeting Room Request Form

Function Name: Purpose of Function:					
					Date:
	chedule Fee: Refer to the Mee 11am) = \$600 ☐ Aft				
	tendees:vitation only: □ Yes □ No	_Intended Audience:	□ Registered Participa	nts □ Registered Exhibitors	
Room Set*: □ Cor	iference □ Rounds □	l Classroom □ Theate	er □ Reception □	Other	
	☐ Breakfast ☐ Lunch ☐ ct constitute an order. Caterin			ordered, charged and paid	
Equipment*: □ L0	CD Projector ☐ Scree ☐ Internet Connection		y) □ Flip (□ Phone Line (c	Chart w/ Markers (qty) qty)	
Preferred Venue:	IM Marriett Marriett Dov	votown □ Othor			
☐ JW Marriott ☐ Marriott Downtown ☐ Other Contact Information Organization Name:					
Contact Person:		On-Site Contact Person:			
Mailing Address:					
-					
Phone:	Fax:		Email Address:		
	Approved By Date	ReceivedVe	Mail or fax co	ompleted form with payment	
Payment Info	rmation		_ ,	eah Johnson, CMP	
Amount:	\$			Meeting Planner	
Payment Type:		□ Visa □ MasterCard □ American Express		AADE 200 W. Madison, Suite 800 Chicago, IL 60606	
Credit Card Check					
Exp. Date) OHEOR # (F	ayable to AADL)		(800) 338-3633 ext. 4817	
Credit Card #:				fax: (312) 601-4856 : ljohnson@aadenet.org	
Signature:					

By signing this form: I authorize the American Association of Diabetes Educators to charge my credit card for the total payment due, and acknowledge the cancellation policy.