

MEETING SPACE REQUEST FORM

Please submit this form for consideration. You will receive approval/denial notification via e-mail. **Upon approval, you may make function arrangements directly with the facility of your choice.** Companies agree not to schedule or conduct an outside activity including, but not limited to, receptions, breakfasts, sessions and scheduled events that are in conflict with the official AONE 2017 program.

Company:

Contact:

Mailing Address:

City: _____ **State:** _____ **Zip:** _____

Email:

***required**

Phone:

Fax:

Type of Function:

***required**

- ☐ Breakfast
- ☐ Lunch
- ☐ Dinner
- ☐ Reception
- ☐ Meeting
- ☐ Internal Company Meeting
- ☐ Other: _____ (please specify)

Are you inviting AONE members or AONE attendees to your function?

- ☐ Yes
- ☐ No

Anticipated Audience:

Reason for Function:

***required**

Desired location for function:

***required**

The following windows of times are available for a company to conduct activities.

Please circle the date(s) and indicate the exact time you would like your function to take place.

Wednesday, March 29	Thursday, March 30	Friday, March 31	Saturday, April 1
12:00 – 1:30pm After 6:00 pm	7:00 – 8:00 am After 8:30 pm	After 7:00 pm	7:00 – 8:00 am After 1:00pm
Time of function:	Time of function:	Time of function:	Time of function:

Please complete this form and return to:

Kourtney Sproat, AONE Meeting Planner

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Questions? Contact Kourtney at ksproat@aha.org