

**2016 AACC Annual Meeting & Clinical Lab Expo
 July 31 - August 4, 2016, Philadelphia, PA
 Exhibitor Meeting Space Request Form**



*****Meeting space will be available ONLY to those companies exhibiting at the Clinical Lab Expo*****

For meetings/events with multiple functions, please submit a separate form for each individual function. Keep a completed copy of this form for your records. **Please return the form to the Meetings Department as soon as possible, but prior to May 4, 2016.** Space will be assigned on a first come, first serve basis. Hotel space in other hotels cannot be assigned by AACC but must be approved by AACC.

Return this by mail or email to: AACC Meetings Department, Attn: Joanna Engstrom, 900 7th Street, NW, Suite 400 Washington, DC 20001. Email: jengstrom@aacc.org **PLEASE PRINT IN BOXES BELOW**

Posting: Please note that it is your responsibility to communicate all information to your attendees. ***It is also your responsibility to provide signage for your event onsite.*** Signage will only be permitted immediately outside meeting space.

FUNCTION INFORMATION

<u>Day/Date of Function</u>	<u>Function Title</u>	<u>Function Purpose</u> <i>Please be as detailed as possible</i>	<u>Begin Time</u>	<u>End Time</u>	<u>Room Set-Up</u> * <i>(choose one from room sets below)</i>	<u>Number of People</u>

Purpose of Meeting _____

Who Will Attend Meeting _____

***Room Sets:** Classroom (2 per 6' table), Banquet Rounds, Hollow-square, U-Shape, Boardroom (20 people around 1 solid table), Theater, V-Shape Classroom, Other-Requesting Foyer Area for Cocktail Reception or Registration

Food & Beverage: We plan to serve Food & Beverage
 Breakfast Continental Breakfast Lunch Reception Dinner

Preferred Site: Philadelphia Marriott Downtown Sheraton Philadelphia Downtown
 Choices: 1st 2nd 1st 2nd

Audio Visual: For your audio visual needs, you will be contacted by AACC's official A/V Company, Freeman Audio-Visual Company.

COMPANY INFORMATION

Contact Name:		Title:	
Onsite Contact:			
Company:			
Address:			
City:	State:	Zip:	
Phone:	Fax:	E-mail:	

FOR AACC USE ONLY

Facility:	Room:	Function:
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