

EXHIBITOR MEETING SPACE REQUEST FORM

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

- For meetings/events with multiple functions, please submit a separate form for each individual function.
- > Space will be assigned on a first come, first served basis.
- > Space in other hotels cannot be assigned by AACC but the space must be approved by AACC. For approval please contact Leah Oleszewski.
- Return this request form to the AACC Meetings Department by Friday, May 5, 2017.
 - Scan and Email: Leah Oleszewski loleszewski@aacc.org
 - Mail: AACC Meetings Department, Attn: Leah Oleszewski, 900 Seventh Street, NW, Suite 400, Washington, DC 20001

COMPANY INFORM	1ATION (PLEASE P	RINT CLEARLY)				
Company Name:						
Contact Name:			Phone: ()		E-Mail:	
Company Address:				City, S	State, Zip:	
Company Phone: ()					
ONSITE Contact:			Phone: ()		E-Mail:	
MEETING INFORMA	ATION (PLEASE PR					
Meeting Name:						
Day/Date:			Preferred Site			
Start Time:			Marriott Mar □ 1 st □ 2 nd	quis San Diego Marina	Manchester Grand Hyatt S ☐ 1 st ☐ 2 nd	an Diego
End Time:						
Anticipated Attenda	ance:					
Who will be attend	ing?					
> It is your response	onsibility to com onsibility to prov	ATION municate all information t ride signage for your event mediately outside assigned	onsite.			
MEETING ROOM SI ☐ Classroom (2 per		☐ Banquet Rounds	☐ Conferenc	e □ Theater	☐ Hollow Square	
☐ Reception	o table)	☐ Check-in/Registrat				
FOOD & BEVERAGE ☐ We plan to serve		ge at our event Ty	pe: 🗆 Breakfast 🗖	Continental Breakfast	□ Lunch □ Reception □ Dinr	ner
AUDIO VISUAL You will be contacted	ed by AACC's of	ficial A/V vendor, Freemar	Audio-Visual.			
AACC Use Only:						(Revised 12/12/16)
Approved □	Date	Facility	R	oom	Function	