

2015 AACC Annual Meeting & Clinical Lab Expo

July 26- 30, 2015, Atlanta, GA
Exhibitor Meeting Space
Request

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

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, 2015.** 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, fax, or email to: AACC Meetings Department, Attn: Michele DuBose, 1850 K Street, NW, Suite 625, Washington, DC 20006; Email: mdubose@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: Hyatt Regency Atlanta Atlanta Marriott Marquis
 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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