



**2013 ASDS Annual Meeting
October 3-6, Hyatt Regency Chicago, Chicago, IL**

EXHIBITOR MEETING SPACE REQUEST FORM* Due August 14, 2013

Please email to Chris Hartl at chartl@asds.net no later than Wednesday, August 14, 2013

I. CONTACT INFORMATION

Contact Name: _____
 Email Address: _____
 Booth Number: _____
 Event Name: _____

II. SCHEDULING & FUNCTION INFORMATION

The ASDS strictly prohibits the scheduling of any exhibitor events, including those for company personnel only, at times that conflict with the Society's scientific program, exhibit hours or social activities. Accordingly, **the only approved meeting times will be on Wednesday evening, October 2 after 5:00pm.** Function invitation lists may not include ASDS board members.

DATE & TIME OF FUNCTION:

Day/Date: Wed, 10/02/2013 Start Time: _____ End Time: _____ # of Attendees: _____

TYPE OF FUNCTION

Meeting Reception Other Meeting _____

FOOD & BEVERAGE REQUIREMENTS

Dinner Hors d'oeuvres Refreshments

SEATING ARRANGEMENTS

Auditorium/Lecture Conference (Boardroom) Classroom
 Banquet Hollow Square U-Shaped Banquet Rounds

EQUIPMENT

We anticipate needing audio visual equipment. (An audio visual representative will contact you.)
 We do NOT anticipate needing audio visual equipment.

* Please note that you will be notified by email once your room assignment has been made. You will work directly with the hotel for your room set-up and any food/beverages needs. You will work directly with Projection, Inc. for any audio visual requirements you may have. Contact names and phone numbers will be provided to you once your room assignment has been made. You are responsible for any and all charges incurred. Space is limited and will be assigned on a first come basis.

III. *MEETINGS AND EDUCATION DEPARTMENT USE ONLY*****

Room Assigned _____ Date Assigned _____ Assigned By _____