



# 2009 ANNUAL MEETING ROOM REQUEST FORM

**APHA OFFICE USE ONLY**

In-House Number: \_\_\_\_\_ Session: \_\_\_\_\_

Hotel: \_\_\_\_\_

Room: \_\_\_\_\_

Date Received: \_\_\_\_\_ No. Rec'd: \_\_\_\_\_

**EARLY DEADLINE: April 15, 2009**  
**FINAL DEADLINE: Aug. 15, 2009**

*Please type or print neatly:*

Day \_\_\_\_\_ Date \_\_\_\_\_ Time—From \_\_\_\_\_ To \_\_\_\_\_  
 (Day and time requested is not guaranteed, you will be contacted if the time slot is **not** available.)

Meeting Title \_\_\_\_\_

Primary Sponsor \_\_\_\_\_

Type of Meeting:  Business Meeting  Social Hour

Planning Chairperson/Staff Liaison: \_\_\_\_\_

Name	Telephone	E-mail

*Check all that apply*

Please try to be as accurate as possible:

<b>ESTIMATED ATTENDANCE</b> _____
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**TYPE OF MEETING**

- PRIVATE function\***: Please do not list in program – event will not be listed on the APHA web site or in program.
  - Breakfast  Lunch  Dinner  Reception  Other \_\_\_\_\_  Not a Food Function
- Business Meeting\* (Set Conference Style for **25 - MAX**)
  - Breakfast  Lunch  Dinner  Other \_\_\_\_\_  Not a Food Function
- Business Meeting\* (Set Theater Style for *number of persons indicated above*)
  - Breakfast  Lunch  Dinner  Other \_\_\_\_\_  Not a Food Function
- Social Hour / Social Event\*
  - Breakfast  Lunch  Dinner  Reception  Other \_\_\_\_\_  Not a Food Function

\*Sponsor responsible for all planning and costs\*

**APHA will place you in contact with the catering or banquet manager in July 2009 for all food functions.**

**ROOM SET-UP AND EQUIPMENT**

- Reception Style (available for social hours) – Head Table:  Yes  No
- Theater Style (available for business meetings larger than 25) (Head Table for 6 will be provided)
- Roundtables: Number of tables required for food functions: \_\_\_\_\_ (Roundtable sessions set at 10 max)
- Conference Style (no more than 25 persons, larger will be placed in theater style set)
- Lighted Lectern  Microphone (*Microphone costs/fees are the responsibility of the Related Organization*)
- Wheelchair or Mobility Accessibility Needed (for speakers): \_\_\_\_\_

\*Bill to: \_\_\_\_\_ (will be billed to the primary sponsor contact person on the application unless otherwise noted here)

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Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

