

PLEASE COMPLETE

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Company: \_\_\_\_\_ E-mail: \_\_\_\_\_



2009 AAPS Annual Meeting and Exposition • Los Angeles, CA • November 8-12, 2009

FUNCTION REQUEST FORM - Please complete one form for each function

Please return completed to form Megan E. Reese via fax, 703-243-5582, or via e-mail: [ReeseM@aaps.org](mailto:ReeseM@aaps.org)

We appreciate your request for meeting space during the AAPS Annual Meeting and Exposition. Please note that meeting space will not be assigned in conflict with AAPS scheduled programming. See restricted meeting times below. Please review this form carefully, as some of our policies have changed.

**GUIDELINES**

- Meeting room space is limited. **Space will be assigned on a first come first served basis.** Deadline to submit this request is **July 17, 2009**.
- After this form is completed and returned to AAPS, a room rental fee will be assigned to your function. Space will not be assigned without proper payment.
- If you wish for AAPS to publish your function in the official AAPS Annual Meeting and Exposition Final Program, please check "Open to All" below. AAPS must receive your completed function request form(s) by **July 17, 2009**.
- AAPS is responsible for assigning meeting room space at the Los Angeles Convention Center or The Westin Bonaventure only. It is your responsibility to work with the property in arranging your function details. Once AAPS receives applicable payment and confirms your meeting room assignment, we will release the event manager and audio visual contact information to you.

**ROOM RENTAL FEES:**

- **Once a function request form is completed and returned to AAPS, the AAPS Meetings Manager will contact you regarding the room rental fee for your function. The room rental fee will be paid directly to AAPS. Once AAPS receives payment, convention center or hotel contacts will be given to you.**

**FUNCTION INFORMATION:**

My organization is a(n):

- Alumni Group                       Association                       Corporation

FUNCTION NAME \_\_\_\_\_

APPROXIMATE NUMBER OF PEOPLE \_\_\_\_\_  Invitation Only                       Open to All\*

\*If you select "Open to All" and your request is received by **July 17, 2009** AAPS will publish in the Final Program.

**Restricted Times: AFFILIATE EVENTS CAN-NOT BE HELD DURING THESE DATES/TIMES**

**Sunday, November 8, 2009**  
4:30 pm – 8:00 pm

**Tuesday, November 10, 2009**  
8:00 am – 12:00 pm  
2:00 pm – 6:15 pm

**Monday, November 9, 2009**  
8:00 am – 12:00 pm  
2:00 pm – 4:30 pm

**Wednesday, November 11, 2009**  
8:00 am – 12:00 pm  
2:00 pm – 4:30 pm

**DATE OF FUNCTION**

AAPS can-not guarantee your first choice will be available. Staff will contact you for alternates dates and times if necessary.

- Sun, Nov 8                       Mon, Nov 9                       Tues, Nov 10                       Wed, Nov 11

START TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

**LOCATION OF EVENT** (All AAPS affiliate functions will be placed at the Los Angeles Convention Center or Westin Bonaventure.)  
To be Determined by AAPS

**TYPE OF FUNCTION**

- Breakfast                       Lunch                       Dinner                       Reception  
 Business Meeting             Other (please specify) \_\_\_\_\_

**PURPOSE OF FUNCTION** (Alumni Event, Business Meeting, Vendor Party, Etc.)

**PLEASE NOTE, AAPS WILL NOT APPROVE SCIENTIFIC PROGRAMMING.**

**ROOM SET**



Banquet    Reception    Theater    Classroom    Boardroom    U-Shape    Hollow Square

- Theater                       Classroom                       Hollow Square                       U Shape                       Boardroom  
 Banquet                       Reception Style                       Other (please specify) \_\_\_\_\_

**CONTACT INFORMATION:**

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

COUNTRY \_\_\_\_\_ PHONE \_\_\_\_\_

FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

**RETURN THIS FORM TO:**

AAPS  
ATTN: Megan E. Reese  
2107 Wilson Blvd., Suite 700  
Arlington, VA 22201-3042  
Phone: 703-248-4783  
Fax: 703-243-5582  
E-mail : [ReeseM@aaps.org](mailto:ReeseM@aaps.org)

*AAPS Office Use Only:*

Date Received	
Room Rental Fee Assigned	
Date Payment Received	
Date Payment Processed	
Room Assignment	
Confirmation Sent	