



MEETING ROOM/EVENTS REQUEST FORM

Note: Meetings will be held at the **Raleigh Marriott City Center Hotel**. Once we receive and approve your event request, we will turn over your event to the hotel. All logistics for the event below will be handled and billed by the hotel directly.

Please complete one form per event, per day.

Event Title: 10 word limit:

Description 25 word limit:

Venue: Raleigh Marriott City Center Hotel

Date and Time:

Please indicate your choice from the designated time slots below. These are the only times available for meeting space.

Thursday, October 16 (*Preconference. ASTC registration does not open until Friday.*)

4:00 p.m.-9:00 p.m. (Space is limited, first come, first serve)

Please enter the exact time you would like your event to be held.

Begins at Ends at

Friday, October 17 (*Preconference*)

8:00 a.m.-9:00 p.m. (Space is limited; first come, first serve)

Please enter the exact time you would like your event to be held.

Begins at Ends at

Saturday, October 18

6:30-7:30 p.m. (After the last set of education sessions and prior to the Evening Event at the host museum)

Sunday, October 19

6:00-8:00 p.m. (After the Networking Receptions in the Exhibit Hall)

Monday, October 20

7:30-8:30 a.m. 6:00-7:00 p.m.

Tuesday, October 21

8:00-10:00 a.m.

Registration: Please select one:

Open to all conference attendees (does not require pre-registration)

By invitation only (your organization will extend invitations)

I require pre-registration for this event (There is no fee associated with the event for those who register)

Promotion:

Please select the programs you wish your event to be published in (ASTC has final approval on promotional vehicles and content).

Preliminary Program (must be received by February 17 to be listed)

Final Program (must be received by June 16 to be listed)

Conference website (<http://conference.astc.org>)

Signage: Signs are an additional cost. Please select one below:

Yes, I would like to request a sign and I understand the fee is \$60

No, I do not require a sign for my event

Billing:

If your event request is approved, you will be asked to fill out a credit card authorization for the **Raleigh Marriott City Center Hotel**. All costs associated with hosting your meeting will be payable directly to the **Raleigh Marriott City Center Hotel**.

Event Logistics:

EXPECTED ATTENDANCE: [] (must fill in)

ROOM SET UP: Select your meeting style/room set needs by marking an X in the box BEFORE your choice.

<input type="checkbox"/>	Conference Style (Chairs around one table)	<input type="checkbox"/>	Theater Style (Rows of chairs)	<input type="checkbox"/>	Banquet Style (Round tables of 10 chairs each)	<input type="checkbox"/>	Head Table Indicate how many: _____	<input type="checkbox"/>	Podium
--------------------------	---	--------------------------	-----------------------------------	--------------------------	---	--------------------------	--	--------------------------	--------

FOOD AND BEVERAGE SERVICE: Select the type of Food and Beverage Service you require for this event by marking an X in the box BEFORE your choice.

<input type="checkbox"/>	NO FOOD AND BEVERAGE NEEDED	<input type="checkbox"/>	BREAKFAST	<input type="checkbox"/>	LUNCH	<input type="checkbox"/>	DINNER	<input type="checkbox"/>	BREAK	<input type="checkbox"/>	RECEPTION
--------------------------	-----------------------------	--------------------------	-----------	--------------------------	-------	--------------------------	--------	--------------------------	-------	--------------------------	-----------

AUDIOVISUAL EQUIPMENT: Select the type of audiovisual equipment you need by marking an X in the box BEFORE your choice. Detailed information can be provided to the event contact.

<input type="checkbox"/>	Podium Microphone	<input type="checkbox"/>	LCD Projector and Screen	<input type="checkbox"/>	Flipchart and Markers	<input type="checkbox"/>	Easel for signage	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Other: _____
--------------------------	-------------------	--------------------------	--------------------------	--------------------------	-----------------------	--------------------------	-------------------	--------------------------	--------------	--------------------------	--------------

Contact:

Name of Institution:	
Contact Name:	
Title:	
Address:	
City / State / Zip:	
Phone:	
Email :	

Other:

If there are any additional comments/requests you would like to include, please do so here.

ASTC STAFF USE:
Date Received _____
Approved _____ Room # _____