



FUNCTION ROOM REQUEST FORM



AATS 90TH Annual Meeting

May 1-5, 2010 – Metro Toronto Convention Centre – Toronto, Canada
Request forms will no longer be accepted after April 9, 2010

Sponsoring Company Name _____

Contact Name _____

Address _____

City _____

State _____

Zip _____

Country _____

Phone _____

Fax _____

Email _____

Brief Description of event:

REQUESTED DAY/DATE OF MEETING

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Friday, April 30, 2010 | 8:00 a.m. – 8:00 p.m. |
| <input type="checkbox"/> Saturday, May 1, 2010 | After 6:00 p.m. |
| <input type="checkbox"/> Sunday, May 2, 2010 | Before 8:00 a.m. / after 7:00 p.m. |
| <input type="checkbox"/> Monday, May 3, 2010 | Before 7:30 a.m. / after 6:00 p.m. |
| <input type="checkbox"/> Tuesday, May 4, 2010 | Before 6:30 a.m. |
| <input type="checkbox"/> Wednesday, May 5, 2010 | After 12 Noon |

REQUESTED TIME

(Please refer to time guidelines to the left)

Start: _____ am/pm (circle one)

Finish: _____ am/pm (circle one)

ROOM SET

- | | |
|---|---|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Podium |
| <input type="checkbox"/> Theater | <input type="checkbox"/> Head table # ppl _____ |
| <input type="checkbox"/> Conference | |
| <input type="checkbox"/> Hollow Square | |
| <input type="checkbox"/> U-shape | |
| <input type="checkbox"/> Reception | |
| <input type="checkbox"/> Banquet (rounds) | |

FUNCTION TYPE

- | | For Profit | Non- Profit |
|---|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Event/ Meeting (less than 50 pp) | <input type="checkbox"/> \$ 1,000 | <input type="checkbox"/> \$250 |
| <input type="checkbox"/> Event/ Meeting (50-100 pp) | <input type="checkbox"/> \$ 1,500 | <input type="checkbox"/> \$250 |
| <input type="checkbox"/> Event/ Meeting (Over 100 pp) | <input type="checkbox"/> \$15,000 | <input type="checkbox"/> \$250 |
| <input type="checkbox"/> Investigator's Meeting | <input type="checkbox"/> \$ 500 | <input type="checkbox"/> \$250 |
| <input type="checkbox"/> Focus Group | <input type="checkbox"/> \$ 500 | <input type="checkbox"/> \$250 |
| <input type="checkbox"/> Committee Meeting | <input type="checkbox"/> \$ 500 | <input type="checkbox"/> \$250 |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> \$ 1,000 | <input type="checkbox"/> \$250 |
| <input type="checkbox"/> Staff Meeting | <input type="checkbox"/> \$ 500 | <input type="checkbox"/> \$250 |

LOCATION: Convention Center Hotel

EXPECTED ATTENDANCE: _____

Once space has been assigned and confirmed by AATS you will be put in direct contact with a catering representative. Catering, special set fees, AV, electrical/telecommunications and labor are not included in the fee. Each sponsor is responsible for all charges to the facility.

PAYMENT INFORMATION

FEE DUE: \$ _____

Check amount enclosed: \$ _____

CREDIT CARD



Amount to be charged: \$ _____

Credit Card Number

Expiration Date

Security Code

Name as it appears on credit card

Cardholder's Signature

Please check if credit card billing address is same as contact information at the top of the form.

If billing address is different please enter below.

Complete and return to:

American Association for Thoracic Surgery
900 Cummings Center, Suite 221-U,
Beverly, MA 01915 USA
978-927-8330 Fax: 978-524-0498 jgecawicz@prri.com

Company Name

Street Address

City/State/Postal Code /Country