



# FUNCTION ROOM REQUEST FORM



## AATS 91<sup>st</sup> Annual Meeting

May 7-11, 2011 – Pennsylvania Convention Center – Philadelphia, PA  
Request forms will no longer be accepted after April 8, 2011

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, May 6, 2011     | 8:00 a.m. – 8:00 p.m.              |
| <input type="checkbox"/> Saturday, May 7, 2011   | After 5:30 p.m.                    |
| <input type="checkbox"/> Sunday, May 8, 2011     | Before 8:00 a.m. / after 7:00 p.m. |
| <input type="checkbox"/> Monday, May 9, 2011     | Before 7:30 a.m. / after 6:00 p.m. |
| <input type="checkbox"/> Tuesday, May 10, 2011   | Before 6:30 a.m.                   |
| <input type="checkbox"/> Wednesday, May 12, 2011 | 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](mailto:jgecawicz@prri.com)

_____
<b>Company Name</b>
_____
<b>Street Address</b>
_____
<b>City/State/Postal Code /Country</b>