



National Conference Meeting Request Form

Type of Meeting*

Date Received: _____

- Alumni Social Exhibitor Social Event Symposia
 Board Meeting Focus Group Other Meeting (Please describe in detail below.)
 Exhibitor Internal Meeting

Contact Information

Organization: _____
Address: _____ Primary Contact: _____
City/State/Zip: _____ Phone: _____
Fax: _____ Email: _____

Meeting Information

Event Name (as it should be posted): _____

Brief Program Description (including target audience): _____

Preferred Day/Date: _____ Start Time: _____ End time: _____

Total # of Attendees: _____ Total # of Professional National Conference Attendees: _____

Room Set: ___ Theater ___ Conference ___ Banquet Rounds of 10 ___ Square ___ U-Shape

___ Other (please be as specific as possible): _____

Are you expecting to serve any Food and Beverage?: ___ Yes ___ No

Will you require any Audio Visual equipment?: ___ Yes ___ No

Will you be using Projection (AAP's A/V company)?: ___ Yes ___ No

Meeting Location Preference

Please be advised that meeting space is LIMITED and events are assigned on a first-come, first served basis.

___ Marriott Marquis Chicago

___ I will be contracting space outside of AAP-contracted venues

PLEASE RETURN THIS FORM TO:

Laura Jurgens, CMP, Senior Meeting Planner
American Academy of Pediatrics
141 Northwest Blvd., Elk Grove Village, IL 60007
Phone: 847/434-4794 (Direct Line)
ljurgens@aap.org

<i>Internal Use Only</i>	
Date: _____	Time: _____
_____	_____
(Location)	(Room assignment)