#### AMSN_2011 new logo

# 2019 Annual Convention Meeting Space Request Form

**September 26-29, 2019**

**Hilton Chicago - Chicago, IL**

AMSN will make meeting space available to qualified representatives on a first-come, first-served basis. To reserve a meeting room, you must complete this form. AMSN will qualify your request and, when approved, we will notify you and the hotel. At that time, you are responsible for coordinating all arrangements, instructions, etc., directly with the hotel. AMSN will not make these arrangements on your behalf, but simply ensures that you qualify to reserve meeting space in conjunction with the meeting.

Firm Requesting Space

Contact Person Title

Address

City State ZIP

Phone FAX E-mail

Onsite Contact Person w/cell # (if different from above)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Function or Event Name

Function Date(s) and Times(s)

Expected Attendance Meeting Space Set-up \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose

Signature Date

***Please return form to: Academy of Medical-Surgical Nurses***

***P. O. Box 56***

***Pitman, NJ 08071-0056***

***Attention: Rachel DeAngelo, Conference Coordinator***

***Phone 856-256-2430, Fax 856-589-7463 – rachel.deangelo@ajj.com***

**\*\*\* FOR OFFICE USE ONLY\*\*\***

Meeting approved by Date of Approval

Location Date Assigned

Meeting Room Date/Time

Facility Contact Ph/Email

AV Contact Ph/Email