



Society for Immunotherapy of Cancer

MEETING FUNCTION REQUEST FORM

SITC 2012 Annual Meeting & Associated Programs
Bethesda North Marriott Hotel & Conference Center
October 24 – 28, 2012
North Bethesda, MD

Affiliate Group Information

Request Submitted By: _____ Submitted on Date: _____

Contact Name: _____ Phone: _____

Organization: _____

Address: _____

Email: _____

General Event Details

Event Title: _____

Event Type (Educ. Session, Advisory Board Meeting, Reception, etc.): _____

Requested Day and Date: _____

Actual Event Time (Begin): _____ Actual Event Time (End): _____

Estimated Number in Attendance: _____

Is this an invitation only event? Yes (invitation list attached) No, open to public

Function Post As: _____ Do Not Post Function

Room Set-Up

- Conference table style Hollow square U-shaped (outside seating)
- Reception (mix of cocktail rounds, no chairs)
- Theater style Classroom/School Room style
- Rounds: Qty: _____ 60" tables (set for 8 people each) Qty: _____ 72" tables (set for 10 people each)
- Head table set for (# people): _____ Easel outside entrance for sign
- Pads/pens (if no charge) Coat rack Water services Other: _____

Audio/Visual

- Standing podium Table top podium LCD/Computer projection panel Laptop PC Laptop Mac
- Microphones: _____ Podium _____ Aisle/Standing _____ Cordless _____ Lavalier
- Screen Size: _____ Type: _____ Rear projection setup w/dress kit
- Laser pointer Flip chart w/assorted markers Other: _____

Payment Information

A deposit of \$100 is required at time of application to hold your meeting space. An invoice will be provided once the requested meeting function is approved. All payments due no later than 14 business days prior to the start of your meeting function.

Rates are \$50 per hour for events held for 20 people or less; 20+ people is \$100 per hour.

VISA MasterCard American Express

Credit Card Number: _____ Expiration Date: _____

Cardholder's Name: _____

Cardholder's Signature: _____