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): ________________________

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 ____ Lavaliere

☐ Screen Size: __________ Type: __________

☐ Rear projection setup w/dress kit

☐ Laser pointer ☐ Flip chart w/assorted markers ☐ Other: ________________________________
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: __________________________________________