



American Society of Tropical Medicine and Hygiene – 59th Annual Meeting
November 3-7, 2010– Atlanta, Georgia USA

**Related Organization
Request for Meeting Space**

To request meeting space at the ASTMH 59th Annual Meeting, complete this form and return to:
ASTMH, 111 Deer Lake Road, Suite 100, Deerfield, IL 60015 USA
info@astmh.org -- Fax: +1-847-480-9282

Organization _____

Organization type (check one): _____ non-profit _____ government _____ corporate
Room rental fee to be submitted with request as follows: non-profit or governmental \$250/day;
corporate \$500/day. Payment required in order for ASTMH to assign meeting space.

Contact Name _____

Address _____

City/State/Postal Code/Country _____

Phone _____ Fax _____

E-Mail _____

Meeting Space Specifications

Date and Time: First Choice _____
(include start and end time)
Second Choice _____
Third Choice _____

Meeting Name: _____

Meeting Description: _____

How many people? _____

Room Set-Up (i.e. conference table, theater style, classroom; no U-shape room sets available):

ASTMH staff will contact you with room assignment in August.

**If your meeting requires catering or audio-visual equipment,
ASTMH staff will put you in direct contact with vendors on arrangements and billing.**

Questions? Contact info@astmh.org.

Thank you.



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Guidelines for Meeting Arrangements and Payment Form

Meeting Arrangements

- Meeting room rental fee must be received by ASTMH headquarters before space will be reserved.
- If your meeting requires catering and/or audio-visual equipment, staff will put you in direct contact with ASTMH vendors on arrangements and billing.
- If your meeting requires catering and/or audio-visual equipment, your meeting organizer is required to contact the hotel with catering order and AV Concepts with audio-visual equipment order no later than **Friday, October 1**. Arrangements cannot be guaranteed unless order is received by **Friday, October 1**.

Payment Information

Rental Fee: \$ _____ X _____ day(s) = \$ _____ Total
Non-profit/government fee: \$250/day; Corporate fee: \$500/day

Payment method:

____ Check *Mail payment to ASTMH, 111 Deer Lake Road, Suite 100, Deerfield, IL 60015 USA*

____ Credit Card: VISA MasterCard American Express

Account Number _____

Expiration Date _____ Cardholder Name _____

For Internal Use Only: EX10 Related Organization Request for Meeting Space

Contact Information

Contact Name _____

Meeting Name _____

Your Organization _____

Your Address _____

City/State/Postal Code/Country _____

Phone _____ Fax _____

E-Mail _____