Tropical Medicine/Global Health Stakeholders
Request for Meeting Space

Use the ASTMH Meeting Platform to Your Advantage! Last year's Annual Meeting had 27 registered journalists, 120+ stories worldwide in at least 10 languages. Announce or release a new effort, report, program, direction or event and utilize the media opportunity that this meeting offers!

To request meeting space, return completed form:
Buffy Finn- Member Services Administrator
ASTMH, 111 Deer Lake Road, Suite 100, Deerfield, IL 60015 USA
bfinn@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. Fees are not prorated. Payment required in order to assign meeting space.

Contact Name and Title_____

Affiliation_____

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 will contact you with a room assignment in August.
If your meeting requires catering or audio-visual equipment, ASTMH will connect you with vendors for your individual follow up on arrangements and billing. Questions? Contact bfinn@astmh.org

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Meeting Arrangement Details and Payment Form

Meeting Arrangements

- Meeting room rental fee must be received before space will be reserved.
- If your meeting requires catering and/or audio-visual equipment, ASTMH will connect you with vendors for your individual follow up on arrangements and billing.
- If your meeting requires catering and/or audio-visual equipment, your meeting organizer must contact the hotel with catering order and Visual Aids Electronics (VAE) with audio-visual equipment order no later than **Friday, September 28**. Arrangements cannot be guaranteed unless order is received by hotel by **Friday, September 28**.

Payment Information

Rental Fee: $ _____ X _____ day(s) = $ _____ Total

- *Non-profit/government fee: $250/day; Corporate fee: $500/day*
- *We are unable to offer prorating.*
- *Please note there is a cancellation fee of $50.*

Payment method:

____ Credit Card: VISA MasterCard American Express Discover

Account Number _____

Expiration Date _____ Cardholder Name _____

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