

***Tropical Medicine/Global Health Stakeholders
Request for Meeting Space
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 hotels/vendors for your individual follow-up on arrangements and billing. Your meeting organizer must contact the hotel with catering order and PSAV with audio-visual equipment order no later than **Friday, November 4**. Arrangements cannot be guaranteed unless order is received by hotels/vendors by **Friday, November 4**.
- There are rare circumstances where ASTMH may have to change confirmed meeting space. If this happens, meeting organizers will be contacted as soon as possible. We regret any inconvenience this may cause.
- Please note that evening receptions cannot coincide with ASTMH Plenary Sessions. ASTMH has the right to adjust the times so conflicts are avoided.

Payment Information

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

- *Non-profit/government fee: \$250/day; Corporate/for-profit fee: \$550/day*
- *We are unable to offer prorating.*
- *Please note a \$75 cancellation fee will apply to all cancellations made by October 14. No fees will be refunded for cancellations received after October 14.*

Payment method:

____ Credit Card: VISA MasterCard American Express Discover

Account Number _____

Expiration Date _____ Cardholder Name _____

____ Check: *Mail payment to ASTMH, One Parkview Plaza, Suite 800, Oakbrook Terrace, IL 60181 USA*