



***ASTMH is in Baltimore this Year!
Tropical Medicine/Global Health Stakeholders
Request for Meeting Space***

Use the ASTMH Annual Meeting platform to your advantage! In 2016, a total of 20 journalists attended the Annual Meeting in Atlanta while approximately 16 interviews were granted during the meeting. The meeting generated more than 66 original stories and research from the meeting was covered by outlets around the world. The Society is pleased to offer partner organizations media support at the meeting. Announce or release your organization's new effort, report, program, direction or event.

An Affiliate Meeting is hosted/scheduled by an organization other than ASTMH. Organizations that typically hold affiliate meetings include, but are not limited to: academic institutions, NGOs, philanthropy, for-profit companies, and government or health agencies. Affiliate meetings are private meetings/receptions that can be scheduled for a few hours, half or full day, or several days. Affiliate meetings are not a substitute venue for scientific sessions intended for the Annual Meeting. All requests should contain a description (150 word maximum) of the requested meeting. ASTMH reserves the right to decline an affiliate meeting.

To request meeting space, return completed form:
Buffy Finn- Member Services Administrator
ASTMH, One Parkview Plaza, Suite 800, Oakbrook Terrace, IL 60181 USA
bfinn@astmh.org -- Fax: +1-847-686-2253

Organization _____

Organization type (check one): non-profit government corporate/for-profit

Room rental fee to be submitted with request: non-profit/government \$250/day; for-profit/corporate \$550/day. Fees are not prorated. Payment required to assign meeting space.

Contact Name and Title _____

Affiliation _____

Address _____

City/State/Postal Code/Country _____

Phone _____ E-Mail _____

Meeting Space Specifications

Meeting Name (The meeting name printed below will appear in the Final Program and Online Program Planner): _____

Meeting Description (150 words maximum; please email description if more room is needed):

Date and Time: First Choice _____

(include start and end time)

Second Choice _____

Third Choice _____

How many people? _____

Will you be ordering food and beverage? _____

Is Audio Visual required? _____ If yes, what is required? _____

(e.x. include projector, screen, internet, microphone etc.)

Room Set-Up (please check below):

Meeting with Conference Table

Meeting with Classroom Set

Banquet Set (round tables for 8-10)

Reception Set*

*Receptions can be held on Monday and Tuesday evenings only. Due to ASTMH sessions, receptions can't begin until 7:15 pm on either night. ASTMH will reserve the space based on the number of people given by the organization. Should the organization need to make changes to their request within 14 days of the scheduled event (e.g., increase attendees, change room set, change AV requirements), the organization may incur additional fees.

Meeting Guidelines

- ASTMH only books meeting space at the ASTMH contracted hotels/Convention Centers.
- 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 OnEvent with audio-visual equipment order no later than **Friday, October 20**. Arrangements cannot be guaranteed unless order is received by hotels/vendors by **Friday, October 20**.
- 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; therefore receptions can't begin until 7:15 pm.
- It is the responsibility of the organization to make sure the confirmation received is accurate. Please contact ASTMH immediately if the confirmation is incorrect.

ASTMH Affiliate Meeting

Payment Information

Organization _____

Contact Name _____

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 \$100 cancellation fee will apply to all cancellations made by October 13. No fees will be refunded for cancellations received after October 13.*

Payment method:

____ Credit Card: VISA MasterCard American Express Discover

Account Number _____

Expiration Date _____ Cardholder Name _____

____ Check: *Mail payment to ASTMH, PO Box 88623, Chicago, IL 60680-1618*

____ Wire Transfer: *If you would like to pay by wire transfer, please email bfinn@astmh.org for bank details.*