### ANNUAL MEETING

November 20–24, 2019 | astmh.org | ajtmh.org | #TropMed19

GAYLORD NATIONAL RESORT AND CONVENTION CENTER | NATIONAL HARBOR, MD, USA |

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

Use the ASTMH Annual Meeting platform to your advantage! In 2018, nine journalists attended the Annual Meeting in New Orleans holding approximately 24 interviews on site. The meeting generated more than 100 original media stories and research from the meeting was covered by outlets around the world. The Society invites partner organizations to announce or release their organization's new effort, report, program, direction or event at the 2019 Annual Meeting to the news outlets in attendance.

Meeting space can be requested from ASTMH during the Annual Meeting by an organization other than ASTMH. Organizations that typically request meeting space include, but are not limited to: academic institutions, NGOs, philanthropy, for-profit companies, and government or health agencies. The meetings are private and can be scheduled for a few hours, half- or full day, or several days. The requested meeting spaces are not a substitute venue for scientific sessions intended for the Annual Meeting. ASTMH does not solicit or advertise meetings scheduled by request. All requests should contain a description (150 word maximum) of the meeting. ASTMH reserves the right to decline any request for meeting space.

To request meeting space, return completed form:

Buffy Finn- Member Services Administrator

ASTMH, 241 18<sup>th</sup> St. South, Suite 501, Arlington, VA 22202

bfinn@astmh.org -- Fax: +1-571-351-5422

non-profit/government corporate/for-profit
re September 20: non-profit/government \$250/day; for- September 21: non-profit/government \$300/day; for- profit/ ment required to assign meeting space. Space may be limited.
E-Mail
For Office use Only
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Hotel Assignment

Room Name

#### **Meeting Space Specifications**

Meeting Name (The meeting name printed below will appear in the Program Book, Online Program						
Planner, Meeting App and Hotel Reader Boards):						
		cription of the organized meeting):				
Date and Time: (include start and end time)	First Choice					
	Second Choice					
	Third Choice					
How many people?						
Will you be ordering foo	od and beverage?					
Is Audio Visual required? If yes, what is required?						
(e.x. include projector,	screen, internet, microphon	e etc.)				
Room Set-Up (please ch	neck below):					
Meeting with Conferen	ce Table/U Shape	Banquet Set (round tables for 8-10)				
Meeting with Classroon	m Set	Reception Set*				

\*Receptions can be held on Thursday and Friday 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 25**. Arrangements cannot be guaranteed unless order is received by hotels/vendors by **Friday**, **October 25**.
- 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 Request for Meeting Space**

## **Payment Information**

Organization				<del></del>
Contact Name				
Rental Fee:	\$	x	day(s) = \$	Total
profit/ • Room profit/ • We are • Please	corporate \$ rental fee co corporate \$ e unable to note a \$10	5575/day. on or after Septembe 5690/day. offer prorating. Fee 10 cancellation fee wi	er 20: non-profit/government r 21: non-profit/government is the same whether you boo ill apply to all cancellations n ived after October 25.	\$300/day; for- ok for a half day or whole day
Payment meth	od:			
Credit Car	·d: \	/ISA MasterCar	d American Express	Discover
Account Numb	er			
Expiration Date	e	Cardholder	Name	
			h St. South, Suite 501, Arling wire transfer, please email <u>k</u>	