

ANCILLARY MEETING REQUEST General Information

Please complete all sections. Incomplete forms will NOT be processed. If you require multiple events, please submit a complete form for each event. All requests for ancillary meetings must be submitted no later than May 1, 2010. All requests will be given a final disposition by May 20, 2010. Once your meeting is reviewed and approved, you will be notified of the details. Groups are responsible for all costs associated with their meeting and will be required to pay the meeting facility directly.

Ancillary meetings will only take place during non-conference hours.

Activity Information submitted by:

Activity Title

Contact Name

Title

Company

Address

City

State

Zip

Telephone

Fax

E-mail address

Event 1st Choice: Date _____ Time: _____ – _____

Event 2nd Choice: Date _____ Time: _____ – _____

Meeting Purpose: (50 words or less):

FUNCTION ROOM REQUIREMENTS:

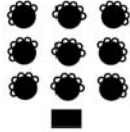
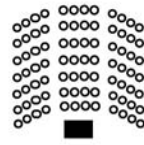
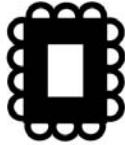
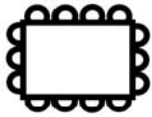
(Please note: There will be a charge for any audiovisual equipment, food, and beverage services.)

Main Function Room

Number of people expected: _____

Room Setup:

- Conference Hollow Square U-Shape Theater
- Rounds of _____ Crescent Rounds set for: _____ Classroom



Easel outside room

Number of registration tables outside room: _____

Extra tables inside room: Back _____ Side _____ Head table for: _____

Other _____

Audiovisual Requirements: (check all that apply)

- Overhead projector (w/screen) LCD projector (w/screen) Laptop (w/screen)
- Audiocassette recorder Flipchart/marker Laser pointer
- Podium mic Table mic _____ Lavalier mic _____
- Standing mic Internet connection
- Other: _____

Food and Beverage Requirements: (check all that apply)

- Continental breakfast A.M. break Lunch P.M. break
- Dinner Reception Other: _____

Start and end times of each food and beverage events above:

Start _____ End _____

Please return completed form :

American Headache Society
Attn: Kathy Baumer, CMP
19 Mantua Road, Mt. Royal, NJ 08061
Telephone: 856-423-0043 option 2 ~ email: ahsmtgs@talley.com