



Function Space Request Form

2012 ANNUAL MEETING • MARCH 2-6

Deadline: February 13, 2012

Please submit one application for each meeting room requested. Applications will be accepted on a first-come, first-served basis.
Applications will not be accepted after February 13.

1. Organization/Contact Information:

Organization _____

Contact Person _____ E-mail _____

Address _____

City _____ State _____

Zip/Postal Code _____ Country _____

Phone _____ Fax _____

2. Function Information:

Title of Function: _____ Proposed Date: _____

Proposed Start Time: _____ Proposed End Time: _____

Function Type (select all that apply):
 Committee Meeting Social Event (invitation only) Social Event (open to all) Staff Meeting
 Other Meeting: _____

Describe the purpose of the function: _____

Describe the invitees/attendees: Annual Meeting Delegates Industry Personnel Other: _____

Number of expected attendees: _____

Proposed Room Set-Up (select one):
 Banquet Rounds Classroom Conference Hollow Square
 Reception Theater U-shape Other: _____

Proposed Location (choice is NOT guaranteed):
 Orange County Convention Center Peabody Orlando Other: _____

If this event is approved, should it be listed as a Related Organization Meeting in the AAAAI Final Program? In order for a function to be listed in the AAAAI Final Program, the application must be received at the AAAAI executive office by December 16, 2011.
 Yes No

3. Payment Information:

A receipt of payment will be sent upon request. Please note the application fee will be charged per organization, not per event. There is no fee for non-profit organizations.

\$100 (for-profit organization)

Check — Make checks payable to *American Academy of Allergy, Asthma & Immunology.*

American Express Discover MasterCard VISA

Card Number _____ Expiration Date _____

Cardholder Name _____

Billing Address _____ Zip/Postal Code _____

Cardholder Signature _____



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4. Signature of Agreement:

This application is used only to apply for function space approval. You will receive written confirmation from the AAAAI executive office regarding your application on or after January 6, 2012. Meeting space will not be released prior to January 6, 2012. In the event the AAAAI approves your application, by signing below, you agree not to use the AAAAI or Annual Meeting names and logos in the promotion of this function. By approving your application, the AAAAI does not endorse or sanction your function, and no such relationship should be inferred by you or implied to your participants.

Signature: _____ Date: _____

Please return this request form to:

American Academy of Allergy, Asthma & Immunology (AAAAI)
Attn: Meetings Team
555 East Wells Street, Suite 1100 • Milwaukee, WI 53202-3823
Phone: (414) 272-6071 • Fax: (414) 272-6070
E-mail: annualmeeting@aaaai.org