

ISPNO FUNCTION SPACE REQUEST FORM

Organizations wishing to hold ancillary meetings during ISPNO must first obtain approval from ISPNO and are required to complete and return this form. All scheduled events must adhere to ISPNO regulations. If the function is approved, the organization will work directly with the hotel to make arrangements pertaining to the proposed event. Please submit one form for EACH function that you would like to hold.

Regulations and Guidelines

Deadline for Ancillary Meeting Requests: May 1, 2018

- Ancillary functions may not be held during ISPNO educational session times.
- Organizations holding ancillary functions are responsible for all hotel charges they may incur, such as catering, audio visual, etc.
- You will be informed if audio visual equipment is in your assigned room. For removal, an additional fee will be incurred.
- The name "International Symposium for Pediatric Neuro-Oncology," the acronym "ISPNO" and the ISPNO logo may not be used without the expressed written consent of ISPNO.
- Groups will not be allowed more than three (3) ancillary meetings to allow others the use of the meeting space.
- You will only have access to the meeting room during the time assigned to you by ISPNO (this includes set up and breakdown time).
- Your function request may be subject to a meeting room fee as noted below.
- Please allow 5-7 business days for function space approval.
- **Meeting space and time slots are limited. Requests for function space will be processed in the order received. Incomplete request forms will not be considered.**

Organization Type: Industry Non-profit

Organization Name _____

Address _____

City _____

State _____

Zip Code _____

Tel. _____

Contact _____

E-mail Address _____

Function Name _____

Requested Date and Time _____

Function Description _____

Rates: Non-profit (\$0) Industry (\$150)

Room Setup requested*: U-shape Hollow square Theater Classroom Rounds

Audience: By invitation Open invitation Number of Estimated Attendees: _____

Audiovisual needs: _____

Catering needs: _____

Other needs: _____

PAYMENT INFORMATION (FOR INDUSTRY)

Please charge my credit card for \$_____ Please send an invoice

VISA Mastercard Amex

Card # _____ Exp. Date _____ CCV # _____

Signature _____

Email or send completed Function Space Request Form to:

Ginger Vazquez

ginger@soc-neuro-onc.org

Society for Neuro-Oncology

PO Box 273296, Houston, TX 77277 Phone: 713 526-0269

** Requested room setup cannot be guaranteed. Room reconfiguration charges may apply and if so, these charges will be the responsibility of the organizer.*