

MEETINGS USE ONLY

G _____ R _____

Mtg Room: _____

Set: _____

AFFILIATE FUNCTION SHEET

Today's Date: _____

Contact Name: _____ **Contact Organization:** _____

Contact Phone #: _____ **Contact Email:** _____

Function Name: _____

Day: _____ **Date:** _____ **# of Attendees:** _____

Start Time: _____ **End Time:** _____

Meeting Room Set-up

- Classroom Theater Head Table # _____
- Round Tables Crescent Tables (moon shape)
- Conference U-Shape Hollow Square Reception

Audio-Visual Equipment

- Yes No

Food & Beverage

- Yes No

Other: _____

Any and all charges for services levied by hotels and other venues are the responsibility of the function sponsor. SNMMI is not responsible for payment for any services connected with the above event. SNMMI has no authority over any service charges, rental fees, and labor contracts etc. that are required by any venue.

We agree to abide by all the guidelines and restrictions of SNMMI.

Agreed to by:

Function Organizer's Signature

Date

Return this form to Amelia O'Brien, CMP, SNMMI Senior Meeting Manager. Email aobrien@snmmi.org or by fax at 703.709.9274. **Questions?** Call Amelia at 703.652.6789.