

Orlando Annual Meeting Function Request Form

<p>Who must complete this form? <i>Anyone sponsoring an activity listed below:</i></p> <ul style="list-style-type: none"> • Breakfast, lunch, dinner, or reception. • Ticketed AACRAO luncheon • Meeting which is not a session or workshop (e.g., regional meeting, committee meeting, etc.). • Corporate meeting or reception 	<p>To whom should you submit the form?</p> <ul style="list-style-type: none"> • Committees sponsoring a breakfast, lunch, dinner, or reception must submit the form to the appropriate Program Committee coordinator who will forward the approved form to the AACRAO Office. • All others should send the form to Melissa Ficek, AACRAO, One Dupont Circle, NW, Suite 520, Washington, DC 20036, FAX: (202) 872-8857.
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Deadlines:

- June 15: Submit all events requiring approval to Program Committee Member.
- September 15: Submit all others to the AACRAO office to appear in the Meeting Brochure.
- After September 15: Requests received after this date may be included on the meeting schedule on the web.

PLEASE TYPE OR PRINT ALL INFORMATION REQUESTED.

<p>Title of function (spell out as you wish it to appear in the program)</p>
<p><input type="checkbox"/> Check here if it is NOT to be listed in the program</p>

<p>Sponsoring committee or organization (No acronyms please)</p>

Name of contact		
Title		
Institution		
Address		
City	State	Zip
Telephone	Fax	
Email		Date

<p>Group</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Adm & Enrl Mgmt</td> <td><input type="checkbox"/> Access & Equity</td> </tr> <tr> <td><input type="checkbox"/> Int'l Education</td> <td><input type="checkbox"/> Info Tech</td> </tr> <tr> <td><input type="checkbox"/> Rec & Acad Serv</td> <td><input type="checkbox"/> Corporate*</td> </tr> <tr> <td><input type="checkbox"/> Leader/Mgt & Dev</td> <td><input type="checkbox"/> St/Reg Association*</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other* _____</td> </tr> </table> <p><i>* Please note appropriate billing information below.</i></p>	<input type="checkbox"/> Adm & Enrl Mgmt	<input type="checkbox"/> Access & Equity	<input type="checkbox"/> Int'l Education	<input type="checkbox"/> Info Tech	<input type="checkbox"/> Rec & Acad Serv	<input type="checkbox"/> Corporate*	<input type="checkbox"/> Leader/Mgt & Dev	<input type="checkbox"/> St/Reg Association*	<input type="checkbox"/> Other* _____		<p>Function type</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Meeting (no food)</td> <td><input type="checkbox"/> Breakfast</td> </tr> <tr> <td><input type="checkbox"/> Meeting (food)</td> <td><input type="checkbox"/> Luncheon</td> </tr> <tr> <td> <input type="checkbox"/> breakfast</td> <td><input type="checkbox"/> Dinner</td> </tr> <tr> <td> <input type="checkbox"/> lunch</td> <td><input type="checkbox"/> Reception</td> </tr> <tr> <td> <input type="checkbox"/> dinner</td> <td><input type="checkbox"/> Table or booth</td> </tr> <tr> <td> <input type="checkbox"/> am break</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td> <input type="checkbox"/> pm break</td> <td></td> </tr> </table>	<input type="checkbox"/> Meeting (no food)	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Meeting (food)	<input type="checkbox"/> Luncheon	<input type="checkbox"/> breakfast	<input type="checkbox"/> Dinner	<input type="checkbox"/> lunch	<input type="checkbox"/> Reception	<input type="checkbox"/> dinner	<input type="checkbox"/> Table or booth	<input type="checkbox"/> am break	<input type="checkbox"/> Other _____	<input type="checkbox"/> pm break	
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*** Send bill for non-AACRAO sponsored events to:**

Name	Title
Institution	
Address	

Title of function		
Date of function (please check one per form) <input type="checkbox"/> Saturday, March 24 <input type="checkbox"/> Wednesday, March 28 <input type="checkbox"/> Sunday, March 25 <input type="checkbox"/> Thursday, March 29 <input type="checkbox"/> Monday, March 26 <input type="checkbox"/> Friday, March 30 <input type="checkbox"/> Tuesday, March 27	Is this a ticketed event? <input type="checkbox"/> No <input type="checkbox"/> Yes Fee charged <input type="checkbox"/> No <input type="checkbox"/> Yes Fee amount (if known): \$ <input type="text"/>	Estimated attendance <input type="text"/>
Time of function From: <input type="text"/> <input type="checkbox"/> AM <input type="checkbox"/> PM To: <input type="text"/> <input type="checkbox"/> AM <input type="checkbox"/> PM	Should this event appear on Annual Meeting registration form? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Room arrangement	
<input type="checkbox"/> Theater (chairs only) <input type="checkbox"/> Schoolroom (rows of long tables with chairs) <input type="checkbox"/> Rounds (round tables)	<input type="checkbox"/> Reception (cocktail seating) <input type="checkbox"/> Booth/Table <input type="checkbox"/> Conference (long rectangular or oval table)
Do you require a head table? <input type="checkbox"/> No <input type="checkbox"/> Yes	No. of people seated at head table <input type="text"/>

Audiovisual equipment	
Please check items needed (if known):	
<input type="checkbox"/> lectern <input type="checkbox"/> gooseneck microphone <input type="checkbox"/> flipchart <input type="checkbox"/> VCR/monitor <input type="checkbox"/> Internet connection (charged at prevailing facility rates)	<input type="checkbox"/> LCD projector <input type="checkbox"/> lavalier microphone <input type="checkbox"/> chalkboard

Comments or special instructions:

Approved by:

Program Committee Member

Date

Following the approval noted above, send this form to Melissa Ficek, AACRAO, One Dupont Circle, NW, Suite 520, Washington, DC 20036; FAX: (202) 872-8857. It will be forwarded to Amy Henderson of Experient, Inc., who will assign space for all events and provide information about menu selection. Questions may be directed to Melissa Ficek, (202) 293-9161, FicekM@aacrao.org, or Amy Henderson, Amy.Henderson@experient-inc.com