

APPENDIX B: FUNCTION SPACE REQUEST FORM

SNO Annual Meeting, November 15-18, 2018

New Orleans, Louisiana

Organizations wishing to hold non-ISS functions in conjunction with any part of this meeting must first obtain approval from SNO and are required to complete and return this form. All scheduled events must adhere to SNO 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: **October 8, 2018**

- SNO prohibits competing functions with SNO educational sessions. Functions (or transportation to and from functions) may not be held during SNO educational session times.
- Each organization is responsible for any hotel charges for meeting space, including 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.
- Any promotional materials associated with your function must be submitted for SNO review. The name "Society for Neuro-Oncology", the acronym "SNO" and the SNO logo are registered trademarks of the Society for Neuro-Oncology and may not be used without the expressed written consent of SNO.
- Events that are sponsored may be considered to be an Industry Satellite Symposia (ISS) which requires submission of the application found in Appendix D.
- Groups will not be allowed more than three (3) ancillary meetings to allow others the use of the meeting space.
- Ancillary meetings may not be greater than (4) hours in length unless specifically approved by SNO.
- You will only have access to the meeting room during the time assigned to you by SNO (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.
- All function request fees are non-refundable.

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: Nonprofit Investigator Meeting (\$0) SNO Committee Meeting (\$0) Industry Meeting (\$100) Slide Review (\$100)
 Reception/Social Function (\$500)

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

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

Audiovisual needs: _____

Catering needs: _____

Other needs: _____

CONFIRMATION AND PAYMENT INFORMATION

I understand and agree to the Regulations and Guidelines noted above. Signature _____

Please charge my credit card for \$_____ I will pay with a check Please send an invoice

VISA Mastercard Amex

Card # _____ Exp. Date _____ CCV # _____

Email or send completed Function Space Request Form to:

Shelley Pressley shelley@soc-neuro-onc.org
Society for Neuro-Oncology, PO Box 273296, Houston, TX 77277 Phone: (830) 321-0552

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