

## EXHIBITOR FUNCTION SPACE REQUEST FORM

**Deadline: November 11, 2016**

**General Information:** Complete one form for each function being planned. Please type and submit by E-mail.

Company _____		Booth Number _____	
Official Contact _____		Title _____	
Address _____			
City _____	State/Province _____	Zip/Postal Code _____	Country _____
Telephone _____	Fax _____	E-mail Address _____	

### Meeting Information

Name of Function \_\_\_\_\_

Function's Purpose \_\_\_\_\_

Day/Date \_\_\_\_\_ through \_\_\_\_\_  
(Please leave blank if your meeting is only one day)

Start Time \_\_\_\_\_ End Time \_\_\_\_\_ Number of People \_\_\_\_\_

Type of Attendees:  Radiologists/Physicians  Exhibitors  Company Staff  Other \_\_\_\_\_  
(Please Specify)

### Function Type

Breakfast  Reception  Focus Group

Lunch  Staff/Company Meeting

Dinner  Other \_\_\_\_\_

### Set-up Requirements

Conference  Hollow Square  U-Shape

Rounds  Theater  Cocktail Rounds

School Room  Other \_\_\_\_\_

### Preferred Facility (McCormick Place Convention Center is not available)

First Choice \_\_\_\_\_

Second Choice \_\_\_\_\_

Third Choice \_\_\_\_\_

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

Hold Forms Until Housing is Assigned  Send Forms to Hotel Upon Receipt

**I have read, understand and agree to the RSNA Exhibitor Function Space Guidelines. This form will be returned if the box is not checked.**

**Return this form to:**  
RSNA Meetings Department  
820 Jorie Blvd., Suite 200  
Oak Brook, IL 60523-2251  
Fax: 1-630-571-7837  
[meetingservices@rsna.org](mailto:meetingservices@rsna.org)

### For RSNA/Hotel Use Only – Please do not write in this area

Date Received \_\_\_\_\_

Approved:  Yes  No

**X** Authorized By \_\_\_\_\_ Date \_\_\_\_\_

Hotel \_\_\_\_\_

Contact Person \_\_\_\_\_

Room Assignment \_\_\_\_\_

Submit by email

Print copy of form for your records