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Affiliate Function Space Request Form

Deadline: November 10, 2017

General Information: Complete one form for each function being planned. Please type and submit by email.

Organization _____

Official Contact _____

Title _____

Address _____

City _____

State/Province _____

Zip/Postal Code _____

Country _____

Telephone _____

Email Address _____

Meeting Information

Name of Function _____

Function Purpose _____

Day/Date _____

Start Time _____

End Time _____

Number of People _____

Type of Attendees

- Radiologists/Physicians
 Members Only
 Other (Please specify) _____

Function Type

- Breakfast Reception
 Lunch Committee Meeting
 Dinner Other _____

Set-up Requirements

- Conference Hollow Square U-Shape
 Rounds Theater Cocktail Rounds
 School Room Other _____

Preferred Facility

- McCormick Place (Convention Center)
 Hotel

Hotel Choices

First Choice _____

Second Choice _____

Third Choice _____

Return this form to:

RSNA Meetings Department
820 Jorie Blvd.
Oak Brook, IL 60523-2251
Secured Fax: 1-630-571-7837
meetingservices@rsna.org

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

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

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

Date Received _____

Approved by RSNA: Yes No

X

Approved By _____

Date _____

Hotel _____

Contact Person _____

Room Assignment _____

Submit by email

Print copy of form for your records