Ancillary Meeting Request

SAVE THIS FILE TO YOUR COMPUTER BEFORE STARTING

Email Form to snauss@connect2amc.com

Rules and Regulations

All activities on Wednesday, February 26 – Friday, February 28, 2025, are restricted to the conference hotel or convention center. You will be responsible for the organization of your function. Your session/ function will be set as closely to your request as possible.

There is a $1,000 administrative fee charged for each approved request. You are also responsible for any charges, i.e., additional space rental, catering, audiovisual equipment, etc. Please note that per policy, no outside food and beverage is allowed in any meeting function. These policies are set by the hotel and/or convention center and are non-negotiable.

Promotion or notification of your activity is your responsibility. You may place a larger poster-type notice at the door of the function, but only during the scheduled time of the function. Poster boards scattered throughout the hotel will not be allowed and will be removed.

Events are subject to approval by submission of this Function Space Request Form only - on a first-come, first-served basis, determined on date of request. Any request received prior to **November 1** will remain tentative pending the confirmation of the program schedule of events. All requests should be submitted at least **2 months** prior to the conference to allow sufficient time for review and planning. Functions may not be scheduled to compete with the events of the NPIAP Annual Conference. No exceptions.

Date of Request: _____

Contact Information	
Contact Person	
Email	
Department	
Institution/Company	
Address	
City, State, Zip	
Phone	

1. **Function Name** The function name provided below you intend to use for publications/signage, etc. — please be accurate.

2. **Preferred Day, Date and Location** Please, review the program schedule before listing your choices. Social functions may not conflict with the NPIAP Program.	
Day	
Date	
Beginning Time	
Ending Time	

3. **Sponsor** If applicable, please provide name of sponsor or organization.

4. **Additional Information**	**Room Set Up Request:**			
Expected Attendance (required)				
Food and Beverage Service		Yes		No
Audio Visual Equipment		Yes		No
On-Site Meeting Contact Name				Cell #:
Brief description of event				

5. Payment Information	
$1,000 Administration Fee	
Name	
Title	
Organization Name	
Address	
City, State, ZIP	
Phone	
Email	

Please complete all three steps:

1. Fill in credit card information below or call the number at the top of your invoice once received.
2. Make a copy of this form for your records.
3. To pay by check, send check to:

   NPIAP
   PO Box 88019
   Chicago, IL 60680-8019
   847.375. 4745

Payment Information:

CC #_____ **Exp:** _____

CC Amount: _____ **Date:** _____

Check #_____ **Date:** _____

Payment Dates. The organization must pay 100% of their $1,000 administration fee within 30 net days of receipt of the invoice. Full payment must be received on or before 30 days prior to the conference, regardless of applications & contract submission date. No refunds or credits will be issued after the date of the conference and any attempt to withhold or withdraw payments made by the organization will be considered a breach of this Agreement and subject to enforcement action by NPIAP.

Cancellation Policy: In the event the organization decides on the intent to cancel the agreement after acceptance but prior to the agreed upon date, a written notification must be issued to NPIAP before January 31, 2025. Notification after January 31 may incur a cost for the room and/or any other arranged services provided for the function.

Email To: **NPIAP**
Attn: Sonia Nauss
NPIAP Sales Manager
Email: snauss@connect2amc.com

(For Office Use Only):

Space Provided ☐ Yes ☐ No Venue:_____ Location:_____ Time:_____