

April 18-22, 2012

Manchester Grand Hyatt San Diego

Function Space Request Form

Please use one form per room/date requested. Companies/Organizations may not conduct, participate in, or sponsor any educational or marketing activities directed toward COSM participants during times that conflict with scientific sessions or educational activities of any COSM society.

Requests must be emailed or faxed to Beth Faubel at bfaubel@facs.org or 312/267-1779 (Fax).

Name of Company/Organization/Society: _____

Function/Event Name: _____

Day of Week _____ Date _____ Begin Time _____ End Time _____

Will any COSM attendees be invited to/attending this function: Yes No

Type of Function: Meeting Breakfast Luncheon Reception Dinner Other

Number of people expected: _____

Meeting Room/Event Setup:

- Theater Style Schoolroom Style Conference Style Hollow Square Conference
 U-Shaped Conference Round Tables Reception Style with Cocktail Tables
 Other _____

Head Table Needs:

- None Yes # _____ people Stage on Risers Floor Lectern Table Lectern
 Other _____

Microphone Needs:

- None Lectern Microphone Lapel Microphone Table Microphone # _____
 Floor microphone # _____ Wireless Handheld Microphone

Audio/Visual Equipment Needs:

- None VCR-1/2" VHS/SVHS VCR 3/4" Umatic Monitor # _____ Laser Pointer
 2x2 (35mm) # _____ Overhead Projector Computer Interface
 Projectionist Screen # _____ LCD Projector Tape Player Tape Recorder
 Other _____

Other Needs:

- Black board Cork board Extra table # _____ Extra chairs # _____
 Coat Rack Easel # _____ Note pads/pencils House telephone
 House telephone Speaker Phone Other _____

Group Contact: (Person who Hotel and COSM should contact for additional information)

Name: _____ Title: _____
 Group: _____ Email: _____
 Address: _____
 City, State, Zip: _____
 Telephone: _____ Fax: _____

FOR COSM USE ONLY

Received _____ Approved _____ Rejected _____
 Building _____
 Room _____
 Day & Date _____
 Time _____