

**April 18 – 22, 2012**  
**Manchester Grand Hyatt**

**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 Laura Page at lpage@facs.org or 312/267-1783 (Fax).*

**Name of Company/Organization/Society:** \_\_\_\_\_

**Function/Event Name:** \_\_\_\_\_

**Day of Week** \_\_\_\_\_ **Date** \_\_\_\_\_ **Begin Time** \_\_\_\_\_ **End Time** \_\_\_\_\_

**Will any COSM Attendees be invited to/attend 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 ACS should contact for additional information)**

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Company:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City, State, Zip:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**FOR ACS USE ONLY**

Received \_\_\_\_\_ Approved \_\_\_\_\_ Rejected \_\_\_\_\_  
 Building \_\_\_\_\_  
 Room \_\_\_\_\_  
 Day & Date \_\_\_\_\_  
 Time \_\_\_\_\_