

**ANCILLARY EVENT FORM - IMPORTANT INFORMATION:**

- Please complete all sections. Incomplete forms will **NOT** be processed.
- If you require multiple events, please complete ONE form for EACH function you would like to hold.
- Once the function has been approved, your request will then be forwarded to the hotel and the hotel will contact you directly for your meeting requirements.
- Your organization is responsible for payment of any charges for catering, audio visual, etc. You will need to provide billing information directly to the hotel.
- **Category I and IV Processing fee: \$200.00 ; Category II Event fee: \$500 per four-hour period; Category III: Fees vary on number of attendees**

**Contact Information**

Company Name \_\_\_\_\_  
 Third Party Organizer (i.e. Medical Communication Firm) \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Title \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
 Cell Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**Function and Scheduling Information**

**Please indicate the type of meeting your company will be hosting**

- Category I Event - Exhibitors (Internal Sales/Business Meeting during **non-ASN hours**)     Category IV Event - Non-Profit/ Academic Organizations  
 Category II Event - Exhibitors (Internal Sales/Business Meeting during ASN hours)     Hospitality Desk  
 Category III Event - Exhibitors (Meetings/Events non Sales/Business Meeting)

**Times & Dates**

**Category I, III, IV events may only be scheduled during non-ASN event hours.** All scheduled events must adhere to ASN regulations and may ONLY take place during the following dates and times:

Tuesday, November 5	6:00 pm-11:59 pm
Wednesday, November 6	6:00 pm-11:59 pm
Thursday, November 7	12:00 am-7:45 am & 12:45 pm-1:45 pm & 6:45 pm-11:59 pm
Friday, November 8	12:00 am-7:45 am & 12:45 pm-1:45 pm & 6:45 pm-11:59 pm
Saturday, November 9	12:00 am-7:45 am & 12:45 pm-1:45 pm & 6:45 pm-11:59 pm
Sunday, November 10	12:00 am-7:45 am

**Category II events may be scheduled during ASN event hours.** All scheduled events must adhere to ASN regulations and are subject to a \$500.00 event fee per four hour time slot booked.

Tuesday, November 5	12:00 am-6:00 pm
Wednesday, November 6	12:00 am-6:00 pm
Thursday, November 7	7:45 am-12:45 pm & 1:45 pm-6:45 pm
Friday, November 8	7:45 am-12:45 pm & 1:45 pm-6:45 pm
Saturday, November 9	7:45 am-12:45 pm & 1:45 pm-6:45 pm
Sunday, November 10	7:45 am-12:00 pm

Meeting Title \_\_\_\_\_  
 Meeting Purpose: (30 words or less) \_\_\_\_\_  
 Meeting Start Time: \_\_\_\_\_ Meeting End Time: \_\_\_\_\_ Meeting Category: \_\_\_\_\_

Please indicate your preferred location. Space will be assigned on a first-come, first-served basis. ASN has the right to change the space assignments. If you have a meeting at an ASN hotel that is not listed below you still **must** complete and return an ancillary form and you may be subject to room rental fees. No other venue options will be vetted by ASN.

\_\_\_\_\_ **Hyatt Regency Atlanta**                      \_\_\_\_\_ **Omni Hotel at CNN Center**                      \_\_\_\_\_ **The Westin Peachtree Plaza**

**Function Room Requirements**

Number of people expected: \_\_\_\_\_ Room Setup:  Conference  Hollow Square  U-Shape  Theater  Rounds  Crescent Rounds  Classroom

Will need additional space for A/V and/or Food and Beverage?  Yes  No

We agree to abide by all the requirements, restrictions, and obligations as outlined by the American Society of Nephrology.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Card Type: Visa \_\_\_\_\_ MC \_\_\_\_\_ AMEX \_\_\_\_\_ Card Number: \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Signature \_\_\_\_\_

Beginning November 4, please submit this information in person to Room B207 at the Georgia World Congress Center, or email to chill@asn-online.org.

**For ASN Official Use**

ASN Approval _____	Date _____
Room Assigned _____	Fee \$ _____