

# KIDNEY WEEK 2016

Chicago, IL • Nov 15 - 20

ASN 50  
years



## ANCILLARY EVENT FORM - IMPORTANT INFORMATION

- Please complete this form and email to [meetings@asn-online.org](mailto:meetings@asn-online.org)
- Beginning November 15, you also may submit this form in person to the ASN Management Office (Room W474) at McCormick Place.
- 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 based on the 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 15	6:00 pm-11:59 pm
Wednesday, November 16	6:00 pm-11:59 pm
Thursday, November 17	12:00 am-7:45 am & 12:45 pm-1:45 pm & 6:45 pm-11:59 pm
Friday, November 18	12:00 am-7:45 am & 12:45 pm-1:45 pm & 6:45 pm-11:59 pm
Saturday, November 19	12:00 am-7:45 am & 12:45 pm-1:45 pm & 6:45 pm-11:59 pm
Sunday, November 20	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 15	12:00 am-6:00 pm
Wednesday, November 16	12:00 am-6:00 pm
Thursday, November 17	7:45 am-12:45 pm & 1:45 pm-6:45 pm
Friday, November 18	7:45 am-12:45 pm & 1:45 pm-6:45 pm
Saturday, November 19	7:45 am-12:45 pm & 1:45 pm-6:45 pm
Sunday, November 20	7:45 am-12:00 pm

### For ASN Official Use

ASN Approval: \_\_\_\_\_

Date: \_\_\_\_\_ Fee: \_\_\_\_\_

Hotel Assigned: \_\_\_\_\_

Room Assigned: \_\_\_\_\_

Meeting Title \_\_\_\_\_

Meeting Purpose: (30 words or less) \_\_\_\_\_

Meeting Date: \_\_\_\_\_ 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 or Food and Beverage minimums. No other venue options will be vetted by ASN. Please note the Hyatt McCormick assesses a Food and Beverage minimum.

McCormick Place \_\_\_\_\_ Hyatt Regency McCormick Place \_\_\_\_\_ Palmer House Hilton \_\_\_\_\_ Hilton Chicago \_\_\_\_\_ Intercontinental Chicago

### Function Room Requirements

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

Will you need 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: \_\_\_\_\_