



American
Association of
Neurological
Surgeons

M E M O R A N D U M

To: 2010 AANS Annual Meeting Exhibitors

From Jennie Moughan
Meeting Services Coordinator

Date: **September 21, 2009**

RE: **Requests for Function Space
2010 AANS Annual Meeting
Philadelphia, PA
May 1-5, 2010**

We are thrilled that you have chosen to exhibit at the 78th Annual Meeting of the American Association of Neurological Surgeons Meeting, May 1 – 5, 2010 in Philadelphia, Pennsylvania.

To assist you in making the most of your participation at the AANS Annual Meeting, we will secure appropriate function space for you to hold any meetings or social events. Please complete the attached ***Request for Function Space Form(s)*** as necessary. Forms must be completed in their entirety to ensure proper space allocation.

The ***deadline*** for receipt of your ***Request for Function Space Form*** is ***Monday, January 11, 2010***. We cannot ensure that event requests received after this date will be able to secure appropriate space.

Following receipt of your request, you will receive confirmation of your space assignment and hotel contact information. The representative from the assigned hotel will receive a copy of your space confirmation letter and will then contact you directly to discuss the details and method of payment for your event.

If you have any questions, please do not hesitate to contact me at **jhm@aans.org** or **(847) 378-0536**. I look forward to assisting you in planning a successful event at the 2010 AANS Annual Meeting in Philadelphia!

Please read the following page of this letter very carefully for important information regarding exhibitor functions.

**IMPORTANT INFORMATION
REGARDING YOUR FUNCTION**

Function space at any of the official 2010 AANS Annual Meeting hotels must be booked using the attached form. Hotels are not authorized to confirm any exhibitor, satellite symposium, or ancillary group event without first receiving a copy of your space confirmation letter from the AANS Meeting Services Department.

If you will be holding an event at a venue other than one of the AANS official hotels, and therefore do not need assistance in securing space, please let me know of your event, location, date and time. We would like to be prepared to answer any attendee questions and direct them to the appropriate place.

Functions may not be scheduled in direct conflict with the Scientific Program or any official AANS social function. (Meetings that will be attended exclusively by an exhibiting company's personnel are exempt from this policy.)

Below is a listing of the days and times **available** for functions that will include meeting attendees:

Saturday, May 1	After 6:00 pm
Sunday, May 2	Unavailable
Monday, May 3	Prior to 7:15 am After 6:30 pm
Tuesday, May 4	Prior to 7:15 am After 5:30 pm
Wednesday, May 5	Prior to 7:15 am After 5:30 pm

Function space is assigned on a first come, first served basis. Requests received after the January 11th deadline may not be able to secure appropriate space.

Exhibitor Request for Function Space

PLEASE NOTE THAT YOU MUST BE AN EXHIBITOR TO SECURE SPACE

2010 American Association of Neurological Surgeons Annual Meeting

May 1 – May 5, 2010 Philadelphia, PA

Please complete one request for each function room required.

DEADLINE DATE is January 11, 2010

If you plan on sponsoring a Satellite Symposium **do not** complete this form

Function Name: _____

Contact Name: _____ On-site Contact Name: _____

Name of Exhibiting Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____ E-Mail: _____

Function Information

Day/Date: _____ Start Time: _____ am/pm End Time: _____ am/pm

Attendee Category: Exhibitor Personnel Only Exhibitor and Medical Attendee

Expected # of Attendees: _____

Breakfast Meeting Luncheon Reception Dinner Other _____

Preferred Hotel:

1st Choice _____ 2nd Choice _____ 3rd Choice _____

Set-up

All events will be set up 30 minutes prior to the function start time unless otherwise requested.

Conference Style Classroom Style (rows of tables & chairs) U-Shape
 Hollow Square Theater Style (just chairs) Rounds of 8 or 10 Cocktail Rounds

Additional Specifications

If other, special set-up is required, please indicate below and/or attach a diagram.

PLEASE RETURN THIS FORM NO LATER THAN January 11, 2010 TO:

Meetings Services Department

American Association of Neurological Surgeons

5550 Meadowbrook Drive • Rolling Meadows, IL 60008

Phone (847) 378-0536 • Fax (847) 378-0636

Attn: Jennie Moughan

If this form is not completed in its entirety, your confirmation will be delayed.

AANS Use

Date and Time: _____ Facility and Room: _____