



## 2009 Meeting Space Request Form

**Please complete one application for each function being planned. All requests must be submitted and approved by HMP Communications. NOTE: A \$500 processing fee will apply.**

**TITLE OF EVENTS** \_\_\_\_\_ **Day and Date Preferred** \_\_\_\_\_

Hour: Beginning Time(s):      Meeting \_\_\_\_\_      Cocktails \_\_\_\_\_      Meal \_\_\_\_\_

**LOCATION**  
ROOM \_\_\_\_\_ **(to be assigned by hotel)**

**LOGISTICAL REQUIREMENTS**

Estimated Attendance \_\_\_\_\_

**EQUIPMENT RENTALS**

- |  |   |  |
|--|---|--|
| Setup Desired: <input type="checkbox"/> Theatre (chairs in a row)<br><input type="checkbox"/> Conference (large table — no more than 20)<br><input type="checkbox"/> Hollow Square (square table — no more than 30)<br><input type="checkbox"/> Schoolroom (space permitting)<br><input type="checkbox"/> T-shaped Table<br><input type="checkbox"/> Banquet<br><input type="checkbox"/> Reception<br><input type="checkbox"/> Head Table _____ No. of persons | <input type="checkbox"/> Computer / Monitor<br><input type="checkbox"/> 35-mm Slide Projector (#) ____<br><input type="checkbox"/> 35-mm Slide Projector w/ wireless remote to lectern<br><input type="checkbox"/> Overhead Projector<br><input type="checkbox"/> Projection Stand<br><input type="checkbox"/> Data Projector<br><input type="checkbox"/> Screen (#) ____<br><input type="checkbox"/> Laser Pointer | <input type="checkbox"/> Lectern Microphone<br><input type="checkbox"/> Lavalier Microphone<br><input type="checkbox"/> Table Mic (#) ____<br><input type="checkbox"/> Aisle Mic (#) ____<br><input type="checkbox"/> Lighted Lectern<br><input type="checkbox"/> Blackboard, chalk, eraser<br><input type="checkbox"/> Poster Boards (#) _____<br>(please indicate if you wish to use both sides for poster boards) |
|--|---|--|
- Projectionist\* --- Time(s): \_\_\_\_\_ \*There is a  hour minimum for \_\_\_\_\_ projectionist time  
 Other \_\_\_\_\_

**FOOD AND BEVERAGE REQUIREMENTS**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Continental Breakfast (# ppl) _____ | <input type="checkbox"/> Breakfast (# ppl) _____ | <input type="checkbox"/> Dinner Drinks (# ppl) _____ |
| <input type="checkbox"/> Coffee Break (# ppl) _____          | <input type="checkbox"/> Lunch (# ppl) _____     | <input type="checkbox"/> Reception (# ppl) _____     |

**METHOD OF PAYMENT – (Circle one)**    AMEX    Visa    MasterCard    Other (specify) \_\_\_\_\_

Card # \_\_\_\_\_

Charge Master Account (must be approved by prior arrangement)      **ADDITIONAL INSTRUCTIONS / REQUIREMENTS:**

AUTHORIZED SIGNATURE \_\_\_\_\_  
(I agree to pay all charges in connection with the above event.)

Organizer's Name: \_\_\_\_\_ Organization \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Return completed form to:**  
 Tracy Nocks, Meeting Planner  
 HMP Communications  
 83 General Warren Blvd., Suite 100, Malvern, PA 19355  
 Phone: 800-237-7285, ext. 288 / Fax: 610-560-0501 / Email: tnocks@hmpcommunications.com