



THE SYMPOSIUM ON ADVANCED WOUND CARE

### 2010 Meeting Space Request Form

Please complete one application for each function planned. All requests must be approved by HMP Communications.

A \$500 processing fee will apply to submissions prior to September 1, 2010.

Beginning September 1, 2010, a \$750 processing fee will apply.

TITLE/DESCRIPTION OF EVENT \_\_\_\_\_

Day and Date Preferred \_\_\_\_\_

Hour: Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Meeting \_\_\_\_\_ Cocktails \_\_\_\_\_ Meal \_\_\_\_\_

#### LOCATION

ROOM \_\_\_\_\_ (to be assigned by HMP Communications)

LOGISTICAL REQUIREMENTS Estimated Attendance \_\_\_\_\_

#### EQUIPMENT RENTALS

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

#### FOOD AND BEVERAGE REQUIREMENTS

- Continental Breakfast (# ppl) \_\_\_\_\_  Breakfast (# ppl) \_\_\_\_\_  Dinner Drinks (# ppl) \_\_\_\_\_
- Coffee Break (# ppl) \_\_\_\_\_  Lunch (# ppl) \_\_\_\_\_  Reception (# ppl) \_\_\_\_\_

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

Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_

(I agree to pay all charges in connection with the above event.)

#### ADDITIONAL INSTRUCTIONS / REQUIREMENTS:

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

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