



Pediatric Academic Societies
3400 Research Forest Drive, Suite B-7
The Woodlands, TX 77381
Phone: 281-419-0052 Fax: 281-419-0082
Email: info@pas-meeting.org

FUNCTION SPACE REQUEST FORM

2004 PAS Annual Meeting

May 1-4

San Francisco, California

Clearly Print or Type

Date: _____

1. Function Name: _____
(The function name provided above will be used for publications/signage, etc. – please be accurate.)

2. Preferred day and date* (review the program schedule before listing your choices).

**Please Note: Social Functions may not conflict with the PAS Scientific Program.*

Day/Date (1st choice): _____

Time begin: _____ Time end: _____

Day/Date (2nd choice): _____

Time begin: _____ Time end: _____

3. Does this activity have a commercial sponsor? yes no

(If yes, provide name): _____

4. Who determined the scientific content and speakers of this program?

(If applicable, provide information): _____

5. What are your seating requirements? (check one):

- | | | |
|--|--|------------------------------------|
| <input type="checkbox"/> Banquet (round tables w/chairs) | <input type="checkbox"/> Theater (chairs only) | <input type="checkbox"/> Reception |
| <input type="checkbox"/> School Room (chairs/desk) | <input type="checkbox"/> Conference (single oblong table w/chairs) | |
| <input type="checkbox"/> Other (describe): _____ | | |

6. What is the number of expected attendance? _____

7. Will you require food/beverage service? yes no

8. Will you require audiovisual equipment? yes no
(If yes, an A/V order form will be provided to you at a later date.)

9. If applicable, list your visual aids and other special set requirements that would effect the room size assignment (staging, props, etc.).

Continued on reverse =>

**** PLEASE NOTE ****

Function space assignments will be made at the official headquarter hotel, the Hilton San Francisco, which is in close proximity to the Moscone West Convention Center. As the Hilton San Francisco has limited meeting space, activities will be assigned accordingly as accommodations allow. The Moscone West Convention Center may be used for placing some daytime committees at the discretion of PAS Show Management. Once these properties fill, space may be assigned at alternative locations that are also in close proximity to the Moscone West Convention Center.

10. Contact person: _____ Email : _____
Responsible person/institute: _____
(Responsible for all charges related to the function)
Department: _____
Institute/Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (____) _____ Fax: (____) _____
E-mail: _____

- ❖ **Space is assigned by submission of this Function Space Request Form only - on a first-come, first-served basis, based on date of request.**
- ❖ **Social functions may not be scheduled to compete with the scientific sessions of the Societies. No exceptions. Please refer to the attached meeting schedule.**
- ❖ **All functions must adhere to the policies set forth by the Societies. Please refer to the schedule and the Rules and Regulations.**
- ❖ **You are responsible for all special need expenses for this function, i.e., catering, audiovisual equipment, microphones, etc.**
- ❖ **Notification of final space assignment will be made by March 1, 2004.**

MAIL OR FAX TO:

PAS Program Office
Attn: Brenda Papke
PAS Meeting Assistant
3400 Research Forest Drive – Suite B-7
The Woodlands, TX 77381
Fax: 281-419-0082 * Email: info@pas-meeting.org

(In order to avoid duplicates, please do not mail original if fax was sent.)