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Email Form to [kathyc@aps-spr.org](mailto:kathyc@aps-spr.org)

# Function Space Request

May 3-6, 2008 • Honolulu, Hawaii

Please refer to guidelines for complete application requirements.

Date of Request: \_\_\_\_\_

Contact Information	
Contact Person	
Email	
Department	
Institution/Company	
Address	
City, State, Zip	
Phone	
Fax	
Responsible Person / Institution <i>(Responsible for all charges related to the function.)</i>	

<p><b>1. Function Name</b> The function name provided below will be used for publications/signage, etc. — please be accurate.</p>

<p><b>2. Preferred Day and Date</b> Please, review the program schedule before listing your choices. Social functions <i>may not conflict</i> with the PAS Scientific Program. See block schedule at <a href="http://www.pas-meeting.org">www.pas-meeting.org</a>.</p>																				
<table border="1"> <thead> <tr> <th colspan="2">First Choice:</th> <th colspan="2">Second Choice:</th> </tr> </thead> <tbody> <tr> <td>Day</td> <td></td> <td>Day</td> <td></td> </tr> <tr> <td>Date</td> <td></td> <td>Date</td> <td></td> </tr> <tr> <td>Time Begin</td> <td></td> <td>Time Begin</td> <td></td> </tr> <tr> <td>Time End</td> <td></td> <td>Time End</td> <td></td> </tr> </tbody> </table>	First Choice:		Second Choice:		Day		Day		Date		Date		Time Begin		Time Begin		Time End		Time End	
First Choice:		Second Choice:																		
Day		Day																		
Date		Date																		
Time Begin		Time Begin																		
Time End		Time End																		

<p><b>3. Commercial Sponsor</b> If applicable, please provide name of sponsor.</p>

<p><b>4. Scientific Content</b> If applicable, who determined the scientific content and speakers of this program?</p>

**5. Seating Requirements**

What are your desired seating requirements (check one)?

<input type="checkbox"/>	Banquet (round tables w/chairs)	<input type="checkbox"/>	Theatre (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 below)

**6. Additional Information**

Expected Attendance (required)				
Food and Beverage Service	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Audio Visual Equipment	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

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

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**7. Hotel Location**

Function space assignments will be made at the official headquarter hotel, the Hilton Hawaiian Beach Resort and Spa, which is close proximity to the Hawaii Convention Center (12-15 minute walk). The Hawaii Convention Center *may* be used for placing some daytime committees at the discretion of PAS Show Management..

<input type="checkbox"/>	Hilton Hawaiian Beach Resort and Spa	<input type="checkbox"/>	
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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 2008 PAS Meeting at a Glance schedule found on the PAS website: [www.pas-meeting.org](http://www.pas-meeting.org)

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, etc.

Notification of final space assignment will be made by February 14, 2008.

Email or Fax To:

**PAS Program Office**

Attn: Kathy Cannon

PAS Associate Meeting Director

Email: [kathyc@aps-spr.org](mailto:kathyc@aps-spr.org)

Fax: 281-419-0082

(If you opt to fax your Function Space Request Form, please do *not* mail the original in order to avoid duplicates.)