



# Function Space Request

Deadline: February 28, 2018

To reserve function space within the ACMS hotel block at the Hilton Chicago, groups must first complete this function space form to be approved by the ACMS. Please submit one form for each function. Following approval, we will provide you with a contact to work with at the hotel regarding food/beverage and AV needs. Private social events proposed in conflict with any official Annual Meeting session or activity will not be allowed. Space will be released by ACMS after February 28, 2018.

Fields with an asterisk (\*) are required.

### 1. Organization/Contact Information:

\*Organization \_\_\_\_\_

\*Contact Person \_\_\_\_\_

\*Primary Contact Email \_\_\_\_\_ \*Secondary Contact Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

ZIP/Postal \_\_\_\_\_ Country \_\_\_\_\_

\*Phone \_\_\_\_\_

### 2. Function Information:

Title of Function: \_\_\_\_\_ Proposed Date: \_\_\_\_\_

Proposed Start Time: \_\_\_\_\_ Proposed End Time: \_\_\_\_\_

Function Type (select all that apply):  
 Committee Meeting     Social Event (Invitation Only)     Social Event (open to all)     Staff Meeting  
 Other: \_\_\_\_\_

Describe the purpose of the function: \_\_\_\_\_

Describe the invitees/attendees:  Annual Meeting Delegates     Industry Personnel/Staff     other: \_\_\_\_\_

Number of expected attendees: \_\_\_\_\_

In order for a function to be listed in the ACMS Final Program, the application must be received at the ACMS executive office by February 28, 2018

Ticket Required for Event?  Yes  No    Event Entry Fee?  Yes  No

### 3. Signature of Agreement:

This application is used only to apply for function space approval. You will receive written confirmation from ACMS executive office regarding your application on or after February 28, 2018. In the event the ACMS approves your application, by signing below, you agree not to use the ACMS or logo in the promotion of this function. By approving your application, the ACMS does not endorse or sanction your function, and no such relationship should be inferred by you or implied to your participants.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Please return this request form to:

American College of Mohs Surgery (ACMS)  
 Attn: Meetings Manager  
 555 East Wells Street, Suite 1100 • Milwaukee, WI 53202-3823  
 Phone: (414) 347-1103 • Fax: (414) 272-2146  
 Email: [mortiz@mohscollege.org](mailto:mortiz@mohscollege.org)

