

Affiliate Meeting Request Form

Due Date: Tuesday, August 13, 2024

Please complete one form for each function requested. All forms must be received by Tuesday, August 13, 2024 to be considered and booked.

Please Note: Affiliate Group Events will not be scheduled during educational sessions.

| | |
|--------------|-----|
| _____ | |
| Company Name | |
| _____ | |
| Contact Name | |
| _____ | |
| Address | |
| _____ | |
| City | |
| _____ | |
| State | Zip |
| _____ | |
| Country | |
| _____ | |
| Telephone | Fax |
| _____ | |
| Email | |

Annual Meeting Schedule

Wednesday, September 25

| | |
|------------------------|-----------------------|
| Pre-Meeting Institutes | 8:30 a.m. - 5:00 p.m. |
|------------------------|-----------------------|

Thursday, September 26

| | |
|--|-----------------------|
| General Sessions and Concurrent Sessions | 8:00 a.m. - 6:00 p.m. |
| Welcome Reception | 7:00 p.m. - 8:30 p.m. |

Friday, September 27

| | |
|--|-----------------------|
| General Sessions and Concurrent Sessions | 8:00 a.m. - 4:30 p.m. |
|--|-----------------------|

Saturday, September 28

| | |
|--|-----------------------|
| General Sessions and Concurrent Sessions | 8:00 a.m. - 3:00 p.m. |
|--|-----------------------|

Function Fees

The following fees apply to affiliate group meetings held in conjunction with the ISTSS Annual Meeting at the Boston Marriott Copley Place. All food and beverage will need to be planned with and purchased directly from the hotel. ISTSS is not responsible for advertising this event to its attendees.

| | |
|-----------------------------|-------|
| Less than 750 square feet | \$400 |
| 750-1,500 square feet | \$500 |
| More than 2,500 square feet | \$750 |

Please email this form to Bri Garza, ISTSS's Meeting Manager to confirm space and for information on publicizing your event at BGarza@parthenonmgmt.com.

When your event is approved and space availability is confirmed, you will be sent a confirmation email. Please note: based on space restrictions, we may not be able to accommodate your request. If space is unavailable during your requested date or time, we will provide you with an alternative.

Type of Event:

- Meeting
 Hospitality Suite
 Other

Preferred Date of Event: _____

Preferred Time of Event: _____
Begin End

Estimated Number of Attendees: _____

Type of Setup:

- | | | |
|------------------------------------|--|----------------------------------|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Rounds | <input type="checkbox"/> Theater |
| <input type="checkbox"/> Meeting | <input type="checkbox"/> Hollow Square | <input type="checkbox"/> U-Shape |

Name of Event: _____

Purpose of Event: _____