

Portland Annual Meeting Function Request Form

<p>Who must complete this form? <i>Anyone sponsoring an activity listed below:</i></p> <ul style="list-style-type: none"> • Breakfast, lunch, dinner, or reception. • Ticketed AACRAO luncheon • Meeting which is not a session or workshop (e.g., regional meeting, committee meeting, etc.). • Corporate meeting or reception 	<p>To whom should you submit the form?</p> <ul style="list-style-type: none"> • Committees sponsoring a breakfast, lunch, dinner, or reception must submit the form to the appropriate Program Committee coordinator who will forward the approved form to the AACRAO Office. • All others should send the form to Meetings Dept, AACRAO, 1108 16th Street NW, Suite 400, Washington, DC 20036, FAX: (202) 872-8857.
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Deadlines:

- November 1: Submit all events requiring approval to Program Committee Member.
- December 1: Submit all others to the AACRAO office to appear in the Meeting Brochure.
- After December 1: Requests received after this date may not be included on the meeting schedule on the web.

PLEASE TYPE OR PRINT ALL INFORMATION REQUESTED.

<p>Title of function (spell out as you wish it to appear in the program)</p> <input type="checkbox"/> Check here if it is NOT to be listed in the program

<p>Sponsoring committee or organization (No acronyms please)</p>

Name of contact		
Title		
Institution		
Address		
City	State	Zip
Telephone	Fax	
Email		Date

<p>Group</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Adm & Enrl Mgmt</td> <td><input type="checkbox"/> Access & Equity</td> </tr> <tr> <td><input type="checkbox"/> Int'l Education</td> <td><input type="checkbox"/> Info Tech</td> </tr> <tr> <td><input type="checkbox"/> Rec & Acad Serv</td> <td><input type="checkbox"/> Corporate*</td> </tr> <tr> <td><input type="checkbox"/> Leader/Mgt & Dev</td> <td><input type="checkbox"/> St/Reg Association*</td> </tr> <tr> <td><input type="checkbox"/> Other*</td> <td></td> </tr> </table> <p><i>* Please note appropriate billing information below.</i></p>	<input type="checkbox"/> Adm & Enrl Mgmt	<input type="checkbox"/> Access & Equity	<input type="checkbox"/> Int'l Education	<input type="checkbox"/> Info Tech	<input type="checkbox"/> Rec & Acad Serv	<input type="checkbox"/> Corporate*	<input type="checkbox"/> Leader/Mgt & Dev	<input type="checkbox"/> St/Reg Association*	<input type="checkbox"/> Other*		<p>Function type</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Meeting (no food)</td> <td><input type="checkbox"/> Breakfast</td> </tr> <tr> <td><input type="checkbox"/> Meeting (food)</td> <td><input type="checkbox"/> Luncheon</td> </tr> <tr> <td> <input type="checkbox"/> breakfast</td> <td><input type="checkbox"/> Dinner</td> </tr> <tr> <td> <input type="checkbox"/> lunch</td> <td><input type="checkbox"/> Reception</td> </tr> <tr> <td> <input type="checkbox"/> dinner</td> <td><input type="checkbox"/> Table or booth</td> </tr> <tr> <td> <input type="checkbox"/> am break</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td> <input type="checkbox"/> pm break</td> <td></td> </tr> </table>	<input type="checkbox"/> Meeting (no food)	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Meeting (food)	<input type="checkbox"/> Luncheon	<input type="checkbox"/> breakfast	<input type="checkbox"/> Dinner	<input type="checkbox"/> lunch	<input type="checkbox"/> Reception	<input type="checkbox"/> dinner	<input type="checkbox"/> Table or booth	<input type="checkbox"/> am break	<input type="checkbox"/> Other _____	<input type="checkbox"/> pm break	
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*** Send bill for non-AACRAO sponsored events to:**

Name	Title
Institution	
Address	

Title of function		
Date of function (please check one per form) <input type="checkbox"/> Saturday, April 2 <input type="checkbox"/> Wednesday, April 6 <input type="checkbox"/> Sunday, April 3 <input type="checkbox"/> Thursday, April 7 <input type="checkbox"/> Monday, April 4 <input type="checkbox"/> Friday, April 8 <input type="checkbox"/> Tuesday, April 5	Is this a ticketed event? <input type="checkbox"/> No <input type="checkbox"/> Yes Fee charged <input type="checkbox"/> No <input type="checkbox"/> Yes Fee amount (if known): \$ <input type="text"/>	Estimated attendance <input type="text"/>
Time of function From: <input type="text"/> <input type="checkbox"/> AM <input type="checkbox"/> PM To: <input type="text"/> <input type="checkbox"/> AM <input type="checkbox"/> PM	Should this event appear on Annual Meeting registration form? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Room arrangement		
<input type="checkbox"/> Theater (chairs only) <input type="checkbox"/> Schoolroom (rows of long tables with chairs) <input type="checkbox"/> Rounds (round tables)	<input type="checkbox"/> Reception (cocktail seating) <input type="checkbox"/> Booth/Table <input type="checkbox"/> Conference (long rectangular or oval table)	
Do you require a head table? <input type="checkbox"/> No <input type="checkbox"/> Yes	No. of people seated at head table <input type="text"/>	

Audiovisual equipment	
Please check items needed (if known):	
<input type="checkbox"/> lectern <input type="checkbox"/> gooseneck microphone <input type="checkbox"/> flipchart <input type="checkbox"/> VCR/monitor <input type="checkbox"/> Internet connection (charged at prevailing facility rates)	<input type="checkbox"/> LCD projector <input type="checkbox"/> lavalier microphone <input type="checkbox"/> chalkboard

Comments or special instructions:

Approved by:

Program Committee Member

Date

Following the approval noted above, send this form to Meetings Dept AACRAO, 1108 16th Street NW, Suite 400, Washington, DC 20036; FAX: (202) 872-8857. Questions may be directed to the Meetings Dept (202) 293-9161, meetings@aacrao.org.