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# Request for Function Space

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**2010 ASCRS Annual Meeting • May 15-19, 2010 • Minneapolis, MN**

**Exhibition Dates: May 15-19, 2010**

**DEADLINE FOR RECEIPT: February 27, 2010**

(Company Sales Meetings or ASCRS-Approved Activities ONLY, Not Industry-Sponsored Hospitality Suites or Functions)

**Please complete ONE request for each function room requested.**

Function Name: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ or: (800) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

## Function Type

Sales Meeting       Business Meeting       Other Activity (to be approved by ASCRS)

## Attendance

Company Personnel       Physician/Company       Other      Number Attending \_\_\_\_\_

**Function Day/Date:** \_\_\_\_\_ Time: \_\_\_\_\_ am/pm until \_\_\_\_\_ am/pm \_\_\_\_\_

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Room Needed Early for Special Set-up       No       Yes      Time: \_\_\_\_\_

## Setup Desired

Conference       Hollow Square       U-Shaped  
 Theater       Schoolroom       Rounds  
 Diagram Attached       Cocktail Tables       Other

## Additional Specifications (Check all that apply)

Using Audio visuals       Elevated Stage for Lectern/Head Table of \_\_\_\_\_  
 Standing Lectern Only       Other \_\_\_\_\_

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

## ASCRS Use Only

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Room: \_\_\_\_\_ Facility: \_\_\_\_\_

## Return form to:

American Society of Colon & Rectal Surgeons  
85 W. Algonquin Road, Suite 550 • Arlington Heights, IL 60005-4460  
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Phone: (847) 290-9184 • Fax: (847) 290-9203  
Email: ginaseegers@fascrs.org