

Affiliate Meeting Request Application



THE AADSM MUST RECEIVE THIS APPLICATION, FULLY COMPLETED, BY MAY 18, 2018.

See next page for submission details.

Thank you for your interest in securing hotel meeting space during the AADSM 27th Annual Meeting. We request that you submit one application for each event requested. Applications are accepted between February 1 and May 18, 2018. Once your application is processed and approved, you will receive an email with contact information for the Hilton Baltimore. You are encouraged to contact the hotel and work directly with them to make the final plans for your event. Any costs incurred with your event will be billed directly to you by the hotel.

There is a non-refundable application fee of \$100.00 per event. The application will not be reviewed until the fee is received. **Please note:** *This fee is waived for AADSM 2018 Platinum, Gold, and Silver Sponsors.*

Affiliate functions may not be scheduled during the following blackout program hours:

Friday, June 1
8:00am – 6:00pm

Saturday, June 2
8:00am – 8:00pm

Sunday, June 3
8:00am – 5:00pm

CONTACT INFORMATION:

Company Name:			
Primary Contact Person:			
Address:			
City:	State:	Postal Code:	Country:
Telephone:		Email:	

MEETING INFORMATION:

Function Type:				
<input type="checkbox"/> Meeting	<input type="checkbox"/> Staff Meeting	<input type="checkbox"/> Reception	<input type="checkbox"/> Dinner	<input type="checkbox"/> Multi-day Use
Purpose of Meeting: <i>(50-word maximum)</i>				

Date(s) of Meeting:		Time(s) of Meeting:
Estimated Attendance:	Estimated Number of Annual Meeting Participants:	
Food, Beverage, and Audio Visual Requirements: <i>(50-word maximum)</i>		
Additional Information/Comments: <i>(50-word maximum)</i>		

PAYMENT INFORMATION:

<input type="checkbox"/> I am an AADSM Platinum, Gold, or Silver Sponsor <i>(No Charge)</i>
<input type="checkbox"/> Please charge me the non-refundable application fee of \$100.00 per event.
GRAND TOTAL:

I will be paying via:		
<input type="checkbox"/> Personal Check or Money Order*		
Credit Card: <i>(Check One)</i>	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
		<input type="checkbox"/> American Express
Card Number:	Exp. Date:	Validation Code:**
Name on Card:	Signature:	
* Checks and international money orders should be made payable to the AADSM. Checks will not be accepted unless they are made in U.S. funds drawn on a U.S. bank.		
** For VISA or MasterCard, the validation code is the last three digits in the signature box. For an American Express, the validation code is the four numbers above the credit card number.		

<p>PLEASE SUBMIT THIS FORM TO:</p>	<p>AADSM Meeting Department Attn: 2018 Annual Meeting 1001 Warrenville Road, Suite 175, Lisle, IL 60532</p>	<p>Phone: (630) 686-9875 Fax: (630)686-9876 Email: rprince@aadsm.org</p>
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