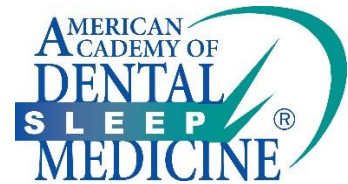


Affiliate Meeting Request Application

THE AADSM MUST RECEIVE THIS APPLICATION, FULLY COMPLETED, BY MAY 24, 2019.



Thank you for your interest in securing hotel meeting space during the AADSM 28th Annual Meeting. We request that you submit one application for each event requested. Applications are accepted between February 1 and May 24, 2019. Once your application is processed and approved, you will receive an email with contact information for the Marriott Rivercenter. 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 2019 Platinum, Gold, and Silver Sponsors.*

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

Friday, June 7
8:00am – 6:30pm

Saturday, June 8
8:00am – 5:30pm

Sunday, June 9
8:00am – 5:00pm

CONTACT INFORMATION

| | |
|-------------------------|--------|
| Company Name: | |
| Primary Contact Person: | |
| Telephone: | Email: |

MEETING INFORMATION:

| | | | | | |
|---|---------|---------------|---|--------|---------------|
| Select the function type: | Meeting | Staff Meeting | Reception | Dinner | Multi-day Use |
| Purpose of the Meeting: <i>(50-word maximum)</i> | | | | | |
| | | | | | |
| Date(s) of Meeting: | | | Time(s) of Meeting: | | |
| Estimated Attendance: | | | Estimated Number of Annual Meeting Attendees: | | |
| Food, Beverage, and Audio Visual Requirements: <i>(50-word maximum)</i> | | | | | |
| | | | | | |
| Additional Information/Comments: <i>(50-word maximum)</i> | | | | | |

PAYMENT INFORMATION:

| | | |
|--|------------|--|
| I am a 2019 AADSM Platinum, Gold, or Silver Sponsor <i>(No Charge)</i> | | |
| Please charge me the non-refundable application fee of \$100 per event . | | |
| GRAND TOTAL: | | |
| Select payment method: | | |
| Personal Check or Money Order* | | |
| Credit Card: (Check One) | Visa | American Express MasterCard Discover |
| Card Number: | Exp. Date: | Validation Code: ** |
| Name on Card: | Signature: | |
| <i>* 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.</i> | | |
| <i>** For VISA, MasterCard, or Discover, 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.</i> | | |

| | | |
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| PLEASE SUBMIT THIS FORM TO: | AADSM Attn: Randi Prince 1001 Warrenville Rd., Suite 175 Lisle, IL 60532 | Phone: (630) 686-9873 Fax: (630) 686-9876 Email: rprince@aadsm.org |
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