

# APPENDIX B: FUNCTION SPACE REQUEST FORM

Tampa Convention Center, Tampa, Florida, November 16 - 20, 2022

Organizations wishing to hold non-ISS functions in conjunction with any part of SNO 2022 must first obtain approval from SNO and are required to complete and return this form. All scheduled events must adhere to SNO regulations. If the function is approved, the organization will work directly with the hotel to make arrangements pertaining to the proposed event. Please submit one form for EACH function that you would like to hold.

## Regulations and Guidelines

Deadline for Ancillary Meeting Requests: **October 15, 2022**

- SNO prohibits competing functions with SNO educational sessions. Functions (or transportation to and from functions) may not be held during SNO educational session times.
- Each organization is responsible for any hotel charges for meeting space, including catering, audio visual, etc.
- You will be informed if audio visual equipment is in your assigned room. For removal, an additional fee will be incurred.
- Any promotional materials associated with your function must be submitted for SNO review. The name "Society for Neuro-Oncology", the acronym "SNO" and the SNO logo are registered trademarks of the Society for Neuro-Oncology and may not be used without the expressed written consent of SNO.
- Events that are sponsored may be considered to be an Independent Satellite Symposia (ISS) which requires submission of the application found in Appendix D.
- Groups will not be allowed more than three (3) ancillary meetings to allow others the use of the meeting space.
- Ancillary meetings may not be greater than (4) hours in length unless specifically approved by SNO.
- You will only have access to the meeting room during the time assigned to you by SNO (this includes set up and breakdown time).
- Your function request may be subject to a meeting room fee as noted below.
- Please allow 5-7 business days for function space approval.
- Meeting space and time slots are limited. Requests for function space will be processed in the order received. Incomplete request forms will not be considered.
- All function request fees are non-refundable.

Organization Type:  Industry  Non-profit

Organization Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Tel. \_\_\_\_\_

Contact \_\_\_\_\_

E-mail Address \_\_\_\_\_

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

Requested Date and Time \_\_\_\_\_

Function Description \_\_\_\_\_

Rates:  Nonprofit Investigator Meeting (\$0)  SNO Committee Meeting (\$0)  Slide Review (\$100)  Industry Meeting (\$500)  
 Reception/Social Function (\$500)

Room Setup requested\*:  U-shape  Hollow square  Theater  Classroom  Reception  Banquet

Audience:  By invitation  Open invitation Number of Estimated Attendees: \_\_\_\_\_

Audiovisual needs: \_\_\_\_\_

Catering needs: \_\_\_\_\_

Other needs: \_\_\_\_\_

## CONFIRMATION AND PAYMENT INFORMATION

I understand and agree to the Regulations and Guidelines noted above. Signature \_\_\_\_\_

Please charge my credit card for \$\_\_\_\_\_  I will pay with a check  Please send an invoice

VISA  Mastercard  Amex

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ CCV # \_\_\_\_\_

Name on card \_\_\_\_\_

Email or send completed Function Space Request Form to:

Gabby Griffin [gabrielle@soc-neuro-onc.org](mailto:gabrielle@soc-neuro-onc.org)

Society for Neuro-Oncology, PO Box 273296, Houston, TX 77277-3296 Phone: (830) 321-0552

*\* Requested room setup cannot be guaranteed. Room reconfiguration charges may apply and if so, these charges will be the responsibility of the organizer.*