

AcademyHealth Annual Research Meeting  
**Adjunct Event Request Form**

**EVENT INFORMATION**

<b>Event Name:</b>			
<b>Day/Date:</b>			
<b>Begin Time:</b>			
<b>End Time:</b>			
<b>Event Type:</b>	<input type="checkbox"/> Meeting <input type="checkbox"/> Meeting w/F&B <input type="checkbox"/> Beverage Service only <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch - <input type="checkbox"/> Plated <input type="checkbox"/> Buffet <input type="checkbox"/> Boxed <input type="checkbox"/> Dinner - <input type="checkbox"/> Plated <input type="checkbox"/> Buffet <input type="checkbox"/> Other _____ <input type="checkbox"/> Reception - <input type="checkbox"/> Cash Bar <input type="checkbox"/> Hosted Bar		
<b>No. of Attendees:</b>			
<b>Room Set-up:</b>	<input type="checkbox"/> Theater <input type="checkbox"/> Chevron Theater <input type="checkbox"/> Schoolroom <input type="checkbox"/> Chevron Schoolroom	<input type="checkbox"/> Hollow Square <input type="checkbox"/> U-Shape <input type="checkbox"/> Double U-Shape <input type="checkbox"/> Conference Table	<input type="checkbox"/> Banquet Rounds <input type="checkbox"/> Cocktail Rounds <input type="checkbox"/> Other _____
<b>Head Table:</b>	<input type="checkbox"/> Yes, on floor -        people <input type="checkbox"/> Yes, on riser -        people <input type="checkbox"/> No		
<b>AV Needed:</b>	<input type="checkbox"/> Projection Screen <input type="checkbox"/> Podium w/Microphone <input type="checkbox"/> Laser Pointer <input type="checkbox"/> Audio recording	<input type="checkbox"/> Projector: <input type="checkbox"/> Microphone(s): <input type="checkbox"/> Flipchart & Markers: <input type="checkbox"/> Table Stanchions	<input type="checkbox"/> Internet
<b>Posting:</b>	<input type="checkbox"/> Open to All <input type="checkbox"/> Invitation Only	<input type="checkbox"/> Post on Monitor <input type="checkbox"/> Do Not Post	

**CONTACT INFORMATION**

<b>Name:</b>			
<b>Organization:</b>			
<b>Department:</b>			
<b>Address:</b>			
<b>Phone(s):</b>	Tel:		Fax:
<b>E-mail:</b>			
<b>On-site Contact:</b>			