



ANCILLARY EVENT REQUEST FORM
ISOQOL Annual Conference

Request Submitted By: _____ Submitted on Date: _____
Contact Name: _____ Phone: _____
Organization: _____
Address: _____
Email: _____

General Event Details

Event Title: _____
Event Type (Educ. Session, Advisory Board Meeting, Reception, etc.): _____
Requested Day and Date: _____
Actual Event Time (Begin): _____ Actual Event Time (End): _____
Estimated Number in Attendance: _____
Is this an invitation only event? Yes (invitation list attached) No, open to public
Function Post As: _____ Do not post function

Set-Up

Conference Hollow square U-shaped (outside seating) Theater style Classroom/School Room style
Reception Mix of cocktail rounds Rounds: Qty:___ 60" tables (set for 8 people Qty:___ 72" tables (set for 10 people)
Head table set for (# people): _____ Easel outside entrance for sign Pads/pens (if no charge)
Coat rack Water services Other: _____

Audio/Visual

Standing podium Table top podium LCD/Computer projection panel Laptop PC Laptop Mac
Microphones (select qty) _____ Podium _____ Aisle/Standing _____ Cordless _____ Lavalieri
Screen Size: _____ Type: _____ Rear projection setup w/dress kit
Laser pointer Flip chart w/assorted markers Other: _____

Full Description of the Event: _____



ATTENDEES:

(Name, Title, Organization)