

**Meeting Space & Ancillary
Event Application
August 8 – 11, 2021**



This form is required to host a meeting or ancillary event. PRE-APPROVAL FROM ASHE IS REQUIRED.

PART I: CONTACT INFORMATION

Sponsoring Company Name: _____

Contact Name: _____ E-Mail: _____

Address: _____

City, State, Zip: _____ Phone: (_____) _____

PART II: MEETING SPACE REQUEST

Meeting Space Request: \$500/day or \$250/half day

Meeting space is available for internal staff meetings, or speaker ready rooms. The rooms assigned for these events hold a maximum of 12 people; ASHE attendees cannot be invited to these meetings. Inviting ASHE attendees will result in a forfeiture of your space and fee to host event. All meeting space requests must receive ASHE approval, regardless of where they are held. ASHE blackout times do not apply to Meeting Space requests.

Choice	Date	Start Time	End Time	# People
	Sun, Aug 8	7:00am	12:00pm	
	Sun, Aug 8	1:00pm	6:00pm	
	Mon, Aug 9	7:00am	12:00pm	
	Mon, Aug 9	1:00pm	6:00pm	
	Tues, Aug 10	7:00am	12:00pm	
	Tues, Aug 10	1:00pm	6:00pm	
	Wed, Aug 11	7:00am	12:00pm	
	Wed, Aug 11	1:00pm	6:00pm	

Room Set:

- Conference
- U-Shape
- Rounds
- Other: _____

Ancillary Event Request: \$1,000/event

Opportunity to access attendees (ex. receptions, hospitality suites, or any function where invitees outside of your company will be in attendance). Ancillary events can be held for \$1,000/event. All meeting space requests must receive ASHE approval, regardless of where they are held. Ancillary events are not scheduled during black out times.

Black Out Times:

Sun, Aug 8	4:00pm – 6:30pm
Mon, Aug 9	8:00am – 6:00pm
Tues, Aug 10	8:00am – 5:00pm
Wed, Aug 11	8:00am – 12:00pm

Choice	Date	Start Time	End Time	# People
	Sun, Aug 8			
	Mon, Aug 9			
	Tues, Aug 10			
	Wed, Aug 11			

Room Set:

- Conference
- U-Shape
- Rounds
- Other: _____
- Offsite: _____

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PART III: ACCEPTANCE AND SIGNATURE

PLEASE NOTE: To pay by credit card, please contact ashe@smithbucklin.com to have an invoice sent to you.

Remit checks to:
American Society for Health Care Engineering (ASHE 2021)
75 Remittance Drive
Suite 1272
Chicago IL 60675

We agree to abide by all rules and regulations governing the ASHE 2021 Annual Conference which are part of this application. Acceptance of this application by show management constitutes a contract.

Accepted by: _____ **Date:** _____

Title: _____ **Company:** _____