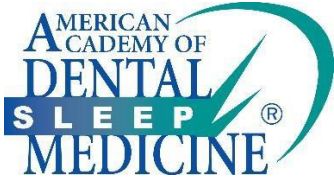


Meeting Request Application

THE AADSM MUST RECEIVE THIS APPLICATION, FULLY COMPLETED, BY MAY 5, 2023.



Thank you for your interest in securing hotel meeting space during the 2023 AADSM Annual Meeting. Applications are accepted between February 20 and May 5, 2023. Once your application is processed and approved, you will receive an email from the AADSM confirming the meeting space at the Marriott Philadelphia Downtown and connecting you with a contact from the hotel. You are encouraged to work directly with the hotel to make the final plans for your meeting. Any costs incurred with your meeting will be billed directly to you by the hotel.

There is a non-refundable application fee of \$100, regardless of the number of meetings or days you are utilizing the meeting room. The application will not be reviewed until the payment is received. If your application is approved, the AADSM will put you in contact with someone from the Marriott Philadelphia Downtown to work out any further details (i.e., food and beverage, audio visual, etc. if necessary).

Internal meetings may not be scheduled during the following program hours:

Friday, May 19
8:00am – 5:30pm

Saturday, May 20
8:00am – 5:30pm

Sunday, May 21
8:00am – 12:30pm

CONTACT INFORMATION

Company Name:	
Primary Contact Person:	
Telephone:	Email:

MEETING INFORMATION:

Title of Meeting: <i>(this will be displayed on signage outside of the room provided by the AADSM)</i>	
Purpose of the Meeting:	
Date(s) of Meeting:	Time(s) of Meeting:
Estimated Attendance: <i>(25 person maximum)</i>	
Additional Information/Comments: <i>(50-word maximum)</i>	

PAYMENT INFORMATION:

<input type="checkbox"/> Please charge me the non-refundable application fee of \$100				
GRAND TOTAL:				
Select payment method:				
<input type="checkbox"/> Personal Check or Money Order*				
Credit Card: (Check One)	<input type="checkbox"/> Visa	<input type="checkbox"/> American Express	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover
Important: Only provide your credit card number if you will be faxing it to us. If you will be emailing the application, please provide a phone number and we will call you for payment information.		Phone:		
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>				

PLEASE SUBMIT THIS FORM TO:	AADSM Attn: Tracy Murphy 901 Warrenville Rd., Suite 180 Lisle, IL 60532	Phone: (630) 686-9875 Fax: (630) 686-9876 Email: exhibits@aadsm.org
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