

**MARRIOTT MARQUIS SAN DIEGO MARINA  
ALUMNI FUNCTION SPACE REQUEST FORM**

**DEADLINE:  
APRIL 10, 2017**

Association/Group		Contact		
Address		City	State	Zip/Postal Code
Phone		Fax	Email	
# Attending	Day/Date of Function	Start Time	AM/PM	End Time AM/PM
Official Function Listing for onsite program				
<b>TYPE OF FUNCTION</b>				
<input type="checkbox"/> Dinner	<input type="checkbox"/> Reception			
<b>ROOM SET</b>				
<input type="checkbox"/> BANQUET <input type="checkbox"/> RECEPTION				
<b>AUDIOVISUAL</b>				
<input type="checkbox"/> NONE <input type="checkbox"/> PODIUM W/ MIC <input type="checkbox"/> LCD PROJECTOR <input type="checkbox"/> SCREEN <input type="checkbox"/> Laptop <input type="checkbox"/> Laser Pointer <input type="checkbox"/> Easel(s) (# _____) <input type="checkbox"/> Flip Chart(s) w/ markers (# _____) <input type="checkbox"/> Other _____				
<b>For SVS Use Only</b>	Request No. _____ Date Received _____ Date Confirmation Sent _____			

**Return completed form to:  
Debbie Wallentin, CMP, SVS  
dwallentin@vascularsociety.org**