



**SHERATON BOSTON
ALUMNI FUNCTION SPACE
REQUEST FORM
DEADLINE: MAY 4, 2018**

MEETING INFORMATION			
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:			
TYPE OF FUNCTION			
Dinner	Reception	Other (explain) _____	
ROOM SET			
Banquet	Reception	Other (explain) _____	
Head Table (# _____)		Podium w/ microphone	
AUDIOVISUAL			
None	LCD Projector	Screen	Microphone (Type & # _____)
Laptop	Laser Pointer	Easel(s) (# _____)	Flip Chart(s) w/ markers (# _____)
Internet (Wired or Wireless)			Other _____
For SVS Use Only	Request No. _____ Date Received _____ Date Confirmation Sent _____		

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