



**GAYLORD NATIONAL RESORT &
CONVENTION CENTER**

**ALUMNI FUNCTION SPACE
REQUEST FORM**

DEADLINE: MAY 3, 2019

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**](mailto:dwallentin@vascularsociety.org)