

**SVS**

**75 YEARS**



**ALUMNI FUNCTION SPACE  
REQUEST FORM**

**DEADLINE: APRIL 23rd, 2021**

MEETING INFORMATION			
Association/Group:		Contact:	
Address:		City:	State:
Phone:		Fax:	Zip/Postal Code:
# Attending:		Day/Date of Function:	Email:
		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 _____	
<b>For SVS Use Only</b>	Request No. _____ Date Received _____ Date Confirmation Sent _____		

**Return completed form to:  
Debbie Wallentin, CMP, SVS  
[dwallentin@vascularsociety.org](mailto:dwallentin@vascularsociety.org)**