

**SVS****75 YEARS**

**ALUMNI FUNCTION SPACE  
REQUEST FORM**

**DEADLINE: July 23, 2021**

**MEETING INFORMATION**

<b>Association/Group:</b>		<b>Contact:</b>	
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip/Postal Code:</b>
<b>Phone:</b>	<b>Fax:</b>	<b>Email:</b>	
<b># Attending:</b>	<b>Day/Date of Function:</b>	<b>Start Time:</b> AM/PM	<b>End Time:</b> 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)**