



**Sheraton Boston Hotel
ALUMNI FUNCTION
SPACE
REQUEST FORM
DEADLINE: MAY 13, 2022**

Meeting Information

Association/Group:		Contact:		
Address:		City:	State:	Postal Code:
Phone:		Fax:	Email:	
# Attending:	Date/Day 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): _____
 Podium w/microphone

Audiovisual

None
 LCD
 Projector
 Screen
 Microphone | Type and #: _____
 Laptop
 Laser Pointer
 Easel(s) #: _____
 Flip charts w/ markers (#): _____
 Internet (Wired or Wi-Fi)
 Other (explain): _____

Return the completed form to Courtney Miller Donovan, CMP, SVS: cdonovan@vascularsociety.org