

# FUNCTION SPACE REQUEST FORM

Organizations wishing to hold non-ISS functions in conjunction with any part of this meeting must first obtain approval from IBIA and are required to complete and return this form. All scheduled events must adhere to IBIA regulations. If the function is approved, the organization will work directly with the hotel to make arrangements pertaining to the proposed event. Please submit one form for EACH function that you would like to hold.

## Regulations and Guidelines

*Deadline for Ancillary Meeting Requests: February 15, 2017*

- IBIA prohibits competing functions with IBIA educational sessions. Functions (or transportation to and from functions) MAY NOT be held during IBIA educational session times.
- Each organization is responsible for any hotel charges for meeting space, including catering, audio visual, etc.
- You will be informed if audio visual equipment is in your assigned room. For removal, an additional fee will be incurred.
- Any promotional materials associated with your function must be submitted for IBIA review. The name "International Brain Injury Association", the acronym "IBIA" and the IBIA logo are registered trademarks of the International Brain Injury Association and may not be used without the expressed written consent of IBIA.
- Events that are sponsored may be considered to be an Industry Satellite Symposia (ISS) which requires submission of the application found in Appendix D.
- Groups will not be allowed more than three (3) ancillary meetings to allow others the use of the meeting space.
- You will only have access to the meeting room during the time assigned to you by IBIA (this includes set up and breakdown time).
- Please allow 5-7 business days for function space approval.
- *Meeting space and time slots are limited. Requests for function space will be processed in the order received. Incomplete request forms will not be considered.*

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Tel. \_\_\_\_\_

Contact \_\_\_\_\_

E-mail Address \_\_\_\_\_

Function Name \_\_\_\_\_

Requested Date and Time \_\_\_\_\_

Function Description \_\_\_\_\_

Type:     Investigator Meeting     Committee Meeting     Advisory Board Meeting     Slide Review     Reception/ Social Function

Room Setup requested\*:     Theater     Classroom     Banquet     Reception     Boardroom     U-Shape

Audience:     By invitation     Open invitation    Number of Estimated Attendees: \_\_\_\_\_

Audiovisual needs: \_\_\_\_\_

Catering needs: \_\_\_\_\_

Signature: \_\_\_\_\_

**Email or send completed Function Space Request Form to:**

Ginger Vazquez

**gvazquez@internationalbrain.org**

International Brain Injury Association

PO Box 1804, Alexandria, VA 22313    Phone: 703-960-6500

*\* Requested room setup cannot be guaranteed. Room reconfiguration charges may apply and if so, these charges will be the responsibility of the organizer.*