



2017scottsdale headache symposium®

American Headache Society®
November 16 - 19, 2017
JW Marriott Desert Ridge Resort & Spa
P H O E N I X , A R I Z O N A

ANCILLARY MEETING REQUEST FORM

Please complete all sections. **Incomplete forms will NOT be processed.** If your request is for multiple events, **please submit a completed form for each event.** All requests for ancillary meetings must be submitted no later than September 15, 2017. All requests will be given a final disposition as soon as possible or no later than September 29, 2017. Upon approval from AHS, you will be provided with a contact name at the venue to assist in setting up your event. You are responsible for all event costs, including but not limited to:

- Room Rental - \$500.00/room, per day, invoice will be sent upon approval of request. Acceptable form of payment: Check-payable to AHS; Visa; MasterCard; American Express
- Food and Beverage, Audio Visual to conference venue
- Attendee costs (airfare and applicable room nights)

Ancillary meetings may be held only during non-conference hours. Meetings are permitted on the following dates and times:

- Sunday, November 12, 2017 – All day
- Monday, November 13, 2017 – All day
- Tuesday, November 14, 2017 – All day
- Wednesday, November 15, 2017 – 7:00 am – 12:00 pm; after 6:00 pm
- Thursday, November 16, 2017 – After 8:00 pm
- Friday, November 17, 2017 – After 8:00 pm
- Saturday, November 18, 2017 – After 8:00 pm

Please print legibly

One (1) person must be appointed as liaison to the American Headache Society®. We are unable to accept instruction, direction, inquiries or likewise from any person(s), company(ies), or agent(s) other than the person named below.

Contact Name: _____

Company: _____

Address: _____

City, State, Zip: _____

Telephone/Email: _____



2017scottsdale headache symposium®

American Headache Society®
November 16 - 19, 2017
JW Marriott Desert Ridge Resort & Spa
P H O E N I X , A R I Z O N A

Meeting Title: _____

Event 1st choice date: _____ Time: _____

Event 2nd choice date: _____ Time: _____

Event 3rd choice date: _____ Time: _____

Number of attendees: _____

Meeting purpose (50 words or less): _____

List of attendees (or attach separately): _____

Please return completed form:

American Headache Society®

19 Mantua Road, Mt. Royal, NJ 08061

Telephone: 856-423-0043 / Fax: 856-423-0082 / email: ahshq@talley.com

Questions? Contact Cheryl Gallagher, AHS Senior Meeting Manager