



American Headache Society®  
Scottsdale Headache Symposium®  
November 21-24, 2019  
JW Marriott Camelback Inn  
Scottsdale, AZ

**ANCILLARY MEETING / EVENT REQUEST FORM**

Please complete all sections. If your request is for multiple events, **please submit a complete form for each event**. All requests for ancillary meetings must be submitted no later than **Wednesday, August 28, 2019**. **All requests will be given a final disposition no later than Monday, September 30, 2019**. 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 - \$875.00/room, per day, invoice will be sent upon approval of request. Acceptable form of payments: Check payable to AHS, Visa, MasterCard, American Express
- Food & Beverage and Audio Visual to conference venue
- Attendee costs (airfare and applicable room nights)

**Cancellation Policy**

- Cancellation requests must be received in writing by AHS no later than **Friday, October 25** and **50% of fees will be refunded**. **NO** Refunds will be provided after **Friday, October 25**.

Please note that the contact person on the request form will be the only individual AHS staff and hotel staff will communicate with during the pre-planning process as well as onsite for your event/meeting. Please be sure to keep this in mind when completing the form.

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

- |  |   |
|--|---|
| • Sunday, November 17, 2019 – All day  | • Thursday, November 21, 2019 – After 8:30 pm |
| • Monday, November 18, 2019 – All day  | • Friday, November 22, 2019 – After 8:30pm    |
| • Tuesday, November 19, 2019 – All day | • Saturday, November 23, 2019 – After 8:30pm  |
| • Wednesday, November 20, 2019 - N/A   | • Sunday, November 24, 2019 – After 11:00am   |

**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: \_\_\_\_\_



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Meeting Title: \_\_\_\_\_

Event 1<sup>st</sup> choice date: \_\_\_\_\_ Time: \_\_\_\_\_

Event 2<sup>nd</sup> choice date: \_\_\_\_\_ Time: \_\_\_\_\_

Event 3<sup>rd</sup> choice date: \_\_\_\_\_ Time: \_\_\_\_\_

Number of attendees: \_\_\_\_\_

Meeting purpose (50 words or less): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List of attendees (or attach separately) **REQUIRED** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please return completed form:**

American Headache Society®

ATTN: Heidi Jetter, CMP | Meeting Manager

19 Mantua Road, Mt. Royal, NJ 08061

Telephone: 856-423-0043 / Fax: 856-423-0082 / email: [hjetter@talley.com](mailto:hjetter@talley.com)