



62nd Annual Scientific Meeting

June 4 – June 7, 2020

Marriott Marquis San Diego Marina
San Diego, CA

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 **Friday, March 20, 2020**. **All requests will be given a final disposition no later than or on Monday, April 20, 2020**. 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
- Attendee costs (airfare and applicable room nights)

Cancellation Policy

- Cancellation requests must be received in writing by AHS no later than **Monday, May 18** and **50% of fees will be refunded**. **NO** Refunds will be provided after **Monday, May 18**.

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:

- Monday, June 1, 2020 – All day
- Tuesday, June 2, 2020 – All day
- Wednesday, June 3, 2020 – After 7:30 pm
- Thursday, June 4, 2020 – After 9:00 pm
- Friday, June 5, 2020 – After 7:15 pm
- Saturday, June 6, 2020 – After 6:30 pm
- Sunday, June 7, 2020 – After 10:00 am

Incomplete forms will NOT be processed. 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: _____



Meeting Title: _____

Event 1st choice date: _____ Time: _____

Event 2nd choice date: _____ Time: _____

Event 3rd choice date: _____ Time: _____

Number of attendees: _____

Requested Room Set-up Style (Schoolroom, Theater, Reception, Rounds): _____

Meeting purpose (50 words or less): _____

List of attendees (or attach separately) **REQUIRED** _____

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