



ANCILLARY MEETING / EVENT REQUEST FORM

Please complete all sections. If your request is for multiple events, **please submit a form for each event**. All requests for ancillary meetings must be submitted by **Friday, September 10, 2021**. **All requests will be given a final decision by Monday, September 20, 2021**. Upon approval, 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. We accept major credit cards or checks (payable to AHS)
- Food & Beverage and Audio Visual payable to conference venue
- Attendee costs (airfare and applicable room nights)

Cancellation Policy

- Cancellation requests must be received, in writing/email, no later than **Friday, October 29, 2021 for 50% of fees to be refunded**. No refunds will be provided for cancellations received after **Friday, October 29**.

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 14, 2021 – All day
- Monday, November 15, 2021 – All day
- Tuesday, November 16, 2021 – All day
- Wednesday, November 17, 2021 - N/A
- Thursday, November 18, 2021 – After 8:00 pm
- Friday, November 19, 2021 – After 8:30 pm
- Saturday, November 20, 2021 – After 8:30 pm
- Sunday, November 21, 2021 – After 10:00 am

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: _____



American Headache Society®
Scottsdale Headache Symposium®
November 18-21, 2021
JW Marriott Camelback Inn
Scottsdale, AZ

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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) **REQUIRED** _____

Please return completed form:
American Headache Society®
ATTN: Darryl Diamond, CMP | AHS Sr. Meeting Manager
Telephone: 856-423-7222 x357 / email: ddiamond@talley.com