

**2010 ACMG**  
**Annual Clinical Genetics Meeting**  
**March 24–28, 2010**  
Albuquerque Convention Center  
Albuquerque, New Mexico



## IN CONJUNCTION WITH MEETINGS & EVENT APPROVAL FORM

**Deadline for Submission: No later than February 5, 2010** (After this date availability of space may be very limited)

All meetings, events, functions and/or activities held in conjunction with the ACMG Annual Clinical Genetics Meeting by exhibiting companies and related organizations, whether at the Albuquerque Convention Center, any official ACMG Hotel, or at outside venues **must be approved by ACMG**. "In Conjunction With" events are functions that include the ACMG attendees but are not planned by or sponsored by ACMG. They include but are not limited to the following:

**Social Events \* Focus Groups \* Investigator's Meetings \* Hospitality-Type Meetings and Events  
\* User Groups \* University Alumni Events \* Staff Meetings \* Other \***

Functions involving attendees ***may not*** be held during official ACMG events or programming and **may occur only during the following times:**

Wednesday, March 24: 12:00 pm – midnight  
Thursday, March 25: 8:00 am – 9:45 am and 7:30 pm – midnight  
Friday, March 26: 8:30 pm – midnight  
Saturday, March 27: 7:00 am – 8:45 am and 7:30pm – midnight  
Sunday, March 28: 3:30 pm – 5:00 pm

Utilize this form or submit an email that includes all details noted below for review/approval of the planned function. The request will be reviewed and approval/denial will be sent to the contact person submitting the request. Upon approval, for those companies wishing to utilize space at the Convention Center or ACMG Hotels, ACMG will communicate approval to the facility and provide your company with contacts to arrange for space, set up, food/beverage, audiovisual equipment, etc. Note that space rental fees, food/beverage and audiovisual costs, etc. will be your organization's sole responsibility. **Return to the attention of: Jane Dahlroth, CEM, CMP \* Fax: 703/783-0501 \* Email: jdahlroth@acmg.net**

### COMPANY INFORMATION

COMPANY/ORGANIZATION NAME: \_\_\_\_\_ BOOTH # (If exhibiting): \_\_\_\_\_

CONTACT AND TITLE (please print) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

### FUNCTION REQUEST

FUNCTION NAME: \_\_\_\_\_

FUNCTION TYPE:  HOSPITALITY  COMPANY MEETING  OTHER: \_\_\_\_\_

DESCRIPTION OF FUNCTION (OBJECTIVES, AUDIENCE, ETC.): \_\_\_\_\_

ATTENDANCE BY INVITATION ONLY?:  YES  NO

ATTENDEES:  COMPANY PERSONNEL  MEETING ATTENDEES EXPECTED ATTENDANCE: \_\_\_\_\_

DATE OF FUNCTION: \_\_\_\_\_ TIME OF FUNCTION: (Begin) \_\_\_\_\_ (End) \_\_\_\_\_