APPLICATION FOR MEMBER-INITIATED MEETINGS

PLEASE ANSWER ALL QUESTIONS. WRITE N/A IF NOT APPLICABLE.

1. Title of Meeting
   (As it will be listed on the website and in the program)

2. If this group has not met during a previous PAA Annual Meeting, please describe purpose of the meeting

3. Estimated number of attendees _____________    Estimated number of PAA members _____________

4. Please indicate preferred dates and times for a meeting room
   (NOTE: Meeting space is not available Thursday or Friday, 8:30 am – 6:30 pm, or Saturday, 8:30 am – 2:00 pm)

   Start     End
   First choice -    Date: ____________     Time: __________   Time: ________
   Second choice - Date: ____________     Time: __________   Time: ________
   Two-day meeting (indicate time of second day) Date: __________       Time: __________   Time: ________

5. Organizer’s Name (responsible for meeting arrangements and included in listing*)_________________________________
   Affiliation__________________________________________________________________________________________
   Mailing Address_____________________________________________________________________________________
   City____________________________________________ State/Country________________________ Zip________
   Telephone________________________ Fax_____________________ E-mail____________________________________

   * Check here if you do not want the organizer listed above included in the preliminary and final programs, and
   provide the name, affiliation, telephone, fax and email of the contact to be listed in the programs on a separate sheet of paper

   Check here if you do not want the event listed

Room Setup Requirements:
Number expected _____________ Head table for _________ (number of people)  □ Standing podium  □ Table podium
□ Theater (chairs only in rows facing front)    □ Classroom (tables in rows with chairs facing front)
□ Conference (chairs around tables set in rectangle shape – not recommended for more than 25 ppl)
□ Hollow Square (tables set around open space in center – chairs all around – recommended for over 25 ppl; under 41)
□ Rounds (Banquet tables with 8-10 chairs)    □ Crescent Rounds (Banquet tables with 5-6 chairs facing front)
□ Other setup requirements (Please specify) ___________________________________________________________

Audio/Visual Equipment requirements (Please specify for room assignment purposes only)

(Note: Audio/visual equipment must be ordered from the hotel. Costs must be paid by your organization. PAA will not order a/v equipment for member-initiated meetings.)

Food and Beverage Requirements: (All food must be purchased from the hotel. Costs must be paid by your organization)
□ Coffee Break  □ Breakfast  □ Luncheon  □ Dinner  □ Reception

Please forward this form by September 30, 2014 to stephanie@popassoc.org
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