

ASPEN25 Meeting Space Request Form

Please submit this form to ASPEN for review. Meeting requests receive approval/denial notification via e-mail. **Upon approval, function arrangements must be made directly with the assigned facility.** Companies agree not to schedule or conduct any outside activities that conflict with the official program for ASPEN25.

Approval of a request does not constitute endorsement of that meeting/event. ASPEN reserves the right to reject any request that directly competes with the official program or is not in keeping with ASPEN standards.

Company		
Main Contact		Title
Address		City, State, Zip
Phone		Email
Function Name		
	rence sponsor/exhibitor?	
Are you inviting ASPEN	attendees to your function?	Yes 🗆 No 🗆
Duration of meeting?	Up to 5 hours (\$500) 🛛 Up	to 12 hours (\$750) 🛛 Up to 24 hours (\$1,000)
Attendance? Less that	n 20 (no additional cost) 🛛 Be	etween 21-50 (+\$250)
the address below. The un		 cks should be made payable to ASPEN and sent to to charge credit card for the amount indicated. □ American Express □ Discover
Card Number:		Expiration Date:
CSV# (3 or 4 digit number on back of card):		Name on Card:
Ϋ́Υ, Ϋ́Υ	,	
Signature		Date
	ned, your company is solely re beverage and audio-visual ne	esponsible for all charges related to the function space eds.
Please return form to:	Valerie Mickiewicz – Manager, Development and Strategic Partnerships Phone: 301.920.9155 Email: <u>valeriem@nutritioncare.org</u>	
FOR ASPEN USE ONLY: Approved: Date: Initials:	Space to be assigned by: ASPEN: Hotel:	Room: