Date Received: _____ Tentative ____ Final Placement [Room Number: _____



ASSOCIATION

➢ MEETING ROOM REQUEST- WFM ROSEMONT <</p>

CLUB MEETING REQUEST

August 16-20, 2022 DONALD E STEPHENS CONVENTION CENTER * 5555 N River Road * Rosemont, IL

PLEASE COMPLETE AND RETURN THIS FORM FOR YOUR MEETING BY JUNE 1 FOR INCLUSION IN THE SHOW GUIDE SCHEDULE

Club must be an active ANA member to receive complimentary meeting space.

*At this time the ANA is awaiting guidelines of capacity and food & beverage in meeting space for social distancing. Please fill out the request and we will be in contact as so as we get information from the convention center.

MEETING INFORMATION

Club Name:		Contact:
Date	<u>First Choice</u>	
Time		
All meetings will be he	d in the convention cen	ter unless otherwise noted
Duration:		Expected Attendance:
Purpose:		(General, board mtg, seminar, etc
Seating Style:	(the	eatre or seminar) Head table/how many?
well as any additional audi visual contact information Screen Requested: ye Special Instructions: Person making arrange	o visual are at the organization s no A/V: ye ments:	in your Meeting Room at no charge. All food and beverage as n's expense. If YES, you will be provided the catering and audio es no Food & Beverage: yes no
Club Name		
		Contact:
		C/S/Z
Phone:	Fax:	Email:
	818 North (Colorado Sp	nismatic Association Cascade Avenue prings, CO 80903 • Fax 719-482-9882

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