

A M E R I C A N  
**NUMISMATIC**  
A S S O C I A T I O N

**AMERICAN NUMISMATIC ASSOCIATION  
MEETING ROOM REQUEST FORM – WFM PITTSBURGH**   
**COMPANY/MINT**

**August 8-12, 2023**  
**DAVID L. LAWRENCE CONVENTION CENTER**  
**\* 1000 Fort Duquesne Blvd. Pittsburgh, PA 15222**

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

 **MEETING INFORMATION**

Organization: \_\_\_\_\_ Contact: \_\_\_\_\_  
*First Choice* *Second Choice*  
Day \_\_\_\_\_  
Date \_\_\_\_\_  
Time: \_\_\_\_\_

 **PREFERENCES**

Meeting room rental \$500 per day Publish in Official Program: *yes* \_\_\_ *no* \_\_\_

Duration: \_\_\_\_\_ Expected Attendance: \_\_\_\_\_

Purpose: \_\_\_\_\_ (General, board, meeting, etc.)

Seating Style: \_\_\_\_\_ (theatre or conference)

***Do you require?*** (All food, beverage, and audio visual are at your organization's expense. If YES, you will be provided the catering and audio visual contact information)

**Re-key (\$100.00 one-time fee):** *yes* \_\_\_ *no* \_\_\_ A/V: *yes* \_\_\_ *no* \_\_\_ Food & Beverage: *yes* \_\_\_ *no* \_\_\_

***Special Instructions:*** \_\_\_\_\_

***Person making arrangements:*** \_\_\_\_\_

***Email:*** \_\_\_\_\_

 **CONTACT INFORMATION**

Company Name: \_\_\_\_\_

Company ANA Member #: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Method of Payment: \_\_\_ Cash \_\_\_ Check \_\_\_ MC \_\_\_ Visa \_\_\_ AM EX \_\_\_ Discover \_\_\_  
Credit Card Number: \_\_\_\_\_ Expires: \_\_\_\_\_  
Card Holder Name: \_\_\_\_\_  
Amount Paid: \$ \_\_\_\_\_ Signature: \_\_\_\_\_

**All Meeting room fees must be received by May 30, 2023 or meeting space will be released.**

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