



## MEETING/EVENT REQUEST FORM

NASP is strongly committed to providing valuable networking and educational opportunities for its members and conference attendees. In the interest of better serving member needs, we have implemented a policy regarding requests for meeting/event space at the host hotel during the Annual Pension and Financial Services Conference.

Groups eligible to request meeting/event space at the conference hotel:

- NASP Corporate Partners and Conference Sponsors
- NASP members and affiliates
- Others to be determined

Please complete the request form and submit for consideration. You will be notified in three to five business days if your request has been approved and if space is available.

NASP will make every effort to accommodate your request. If approved, you will receive a confirmation with specific details. Please note that your meeting or event (whether held at the host hotel or at an off-site venue) should not conflict with other official conference events.

Based on the preliminary agenda, the approved times to host an event during the conference are:

- SUNDAY, JUNE 25: before 3:00 pm or after 6:00 pm
- MONDAY, JUNE 26: 6:30 - 10:00 pm
- TUESDAY, JUNE 27: 4:30 - 6:00 pm or after 9:00 pm
- WEDNESDAY, JUNE 28: after 2:30 pm

If you have any questions, please contact Tonya Williams at (404) 348-4097 or [tonya@tbwconsultinggroup.com](mailto:tonya@tbwconsultinggroup.com).

### MEETING/EVENT DETAILS

**Title:** \_\_\_\_\_

**Description:** \_\_\_\_\_

**Date:** 1<sup>st</sup> Choice \_\_\_\_\_ **Time:** 1<sup>st</sup> Choice \_\_\_\_\_  
 2<sup>nd</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_

**Expected Attendance:** \_\_\_\_\_ **Admittance** (select one): \_\_\_ Open to all conference attendees \_\_\_ Invitation only

**How do you plan to promote your event?** (check all that apply): \_\_\_ Email \_\_\_ Printed Invitation \_\_\_ Word of Mouth

**Payment:** If your event is approved you will be connected with a member of the hotel banquet department to organize your event details. You will be required to arrange payment directly with the hotel. NASP will not be responsible for any charges related to your event.

**Contact Info:**

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Institution/Company: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**Please save and email to [tonya@tbwconsultinggroup.com](mailto:tonya@tbwconsultinggroup.com)**

**FOR NASP USE ONLY:**

Date Received: \_\_\_\_\_

Room Assigned: \_\_\_\_\_