## **ASC Annual Meeting –Workshop Reservation Form**

Title:			
(Description on the 2 <sup>nd</sup> page please)			
Estimated attendance:			
Preferred Day:			
Preferred Time:			
Need food & beverage from the hotel?	Yes	No	
Need audio visual?	Yes	No	
Need Internet?	Yes	No	
Need Microphone?	Yes	No	
*If "yes" to any of the above; contact information will be given after room is scheduled to discuss the order and arrange payment			
(All rooms are workshop set unless otherwise requested)			
Would you like this listed in the program?	Yes	No	
If yes, please give instructor names below			
Instructor(s) name for workshop: (use another sheet if needed)			
Name:			
Affiliation:	Email:		
Name:			
Affiliation:	Email:		
Name:			
Affiliation:	Email:		
Contact Name for Workshop:			
Phone:	Email:		

<sup>\*</sup>Please provide the workshop abstract information on the next page...

<u>Description/Abstract</u>	

If you have any questions or concerns, please contact me at <u>asc@asc41.org</u>.

Thank you, Sheena.