MEETING SPACE REQUEST FORM

DEADLINE: 26 April 2010

Only companies exhibiting at HIMSS AsiaPac10 Exposition may request a meeting room to host a function. Functions that involve conference attendees will not be approved during conference sessions or exhibit hours. Events that include the participation of conference attendees must be conducted only during the hours that are listed on the Meeting Space Request Form.

Companies contracting with third parties to plan functions must submit a letter of authorization to HIMSS indicating the name of the firm selected to handle planning responsibilities. The letter of authorization must be on company letterhead and may be submitted with the Meeting Space Request Form. HIMSS welcomes communication from third party contractors, but space will only be confirmed to exhibiting companies.

Now is the time to schedule
- Customer Training Sessions
- Provider Focus Groups
- Sales Meetings
- Client Events and Meetings
- Board Meetings

Beijing is the place
- AsiaPac has meeting space available immediately before and after the conference
- Your clients and sales staff will already be in Beijing

Book your space now
- Don’t miss this opportunity to combine two trips into one
- Lower your travel and hotel costs by holding your meeting during the same week as AsiaPac

Questions?
Please contact:
Wendy Tan
+65-6559-5357
wtan@himss.org
MEETING SPACE REQUEST FORM

Company________________________________________
Contact Person___________________________________
Phone___________________________________________
E-mail____________________________________________

Estimated Attendance: ______________

Function/Meeting Planned:
☐ Reception
☐ Sales Meeting
☐ Client Meeting
☐ Users Conference/Training Session
☐ Provider Focus Group
☐ Board Meeting
☐ Other________________________________________

Requested Hotels: Please let us know if you have a preference for a hotel.
If you prefer a specific hotel, please list here:
1)_____________________________________________
2)_____________________________________________
3)_____________________________________________
If using a non-hotel venue, please list here: _______________________________________________

Type of Space:
☐ Meeting Room    ☐ Hotel Ballroom
☐ Public Hotel Space/Lobby
☐ Please indicate if requested space will be used as a 24-hour Command Center

Service Requests:
*Audio Visual:    ☐ Yes    ☐ No
*Food and Beverage: ☐ Yes    ☐ No
If yes, please indicate type:
☐ Breakfast    ☐ Lunch    ☐ Reception
☐ Break    ☐ Dinner    ☐ Beverage/Coffee Breaks

Room Setup:
☐ Theatre    ☐ Classroom    ☐ Conference
☐ Rounds    ☐ Lounge    ☐ U-Shape

*Company is responsible for charges incurred with these services.

Conference Attendees – If your attendance will consist of conference attendees please list the following date/time you prefer.
☐ Pre-Conference:
Date(s)____________________Times(s)_________

Dates and times you can host your meeting room during the conference are below:
Thursday, 27 May – Ending before 09:00
Thursday, 27 May – 17:00 to 24:00
Friday, 28 May – Ending before 09:00

☐ During the Conference:
Date(s)____________________Times(s)_________

☐ Post-Conference:
Date(s)____________________Time(s)_________

Exhibit Personnel/Press Staff – If your attendance will consist of exhibit personnel and or press, please list the following date/time you prefer.
☐ Pre-Conference:
Date(s)____________________Times(s)_________

☐ During the Conference:
Date(s)____________________Time(s)_________

☐ Post-Conference:
Date(s)____________________Time(s)_________

Agreement: I/We have read the Rules and Regulations for Exhibitor Sponsored Functions, and agree to assume all liability, and to indemnify and hold harmless HIMSS against any and all liability, claims, and demands which may arise from or be asserted in connection with the foregoing undertakings and responsibilities. I/We also agree to abide by the parameters that have been set by HIMSS for the use of function space.

Authorized Company Representative (Print name)
________________________________________________________

Authorized Company Representative (Signature)
________________________________________________________

Date

You may fax this form to:
Attn: Wendy Tan, +1-312-915-9512