

Function Space Request

Submit completed forms to Mary Sanders at msanders@asbh.org.

Rules and Regulations

All activities on Wednesday, October 14 – Saturday, October 17, 2026, are restricted to the conference hotel or convention center. You will be responsible for the organization of your function. Your session/function will be set as closely to your request as possible.

There is a \$500 administrative fee charged for each approved request. You are also responsible for any special charges, i.e. additional space rental, catering, audiovisual equipment, etc. Please note that per policy, no outside food or beverage is allowed in any meeting function. These policies are set by the hotel and/or convention center and are non-negotiable.

Promotion or notification of your activity is your responsibility. You may place a larger poster-type notice at the door of the function, but only during the scheduled time of the function. Poster boards scattered throughout the hotel or convention center will not be allowed and will be removed.

Events are subject to approval by submission of this Function Space Request Form only on a first-come, first-served basis, determined on the date of the request. Any request received prior to July 1 will remain tentative pending the confirmation of the scheduled program of events.

Functions may not be scheduled to compete with the events of the ASBH Annual Conference. No exceptions.

Date of Request: _____

Please indicate the purpose of function space requested:

- Advisory Meeting
 Affinity Group Meeting
 Reception
 Other: _____

Contact Information	
Contact Name	
Email	
Department	
Institution/Company	
Address	
City, State, Zip	
Phone	
Fax	

1. Function Name

Please provide the function name you intend to use for publications/signage, etc. – please be accurate.

2. Preferred Day, Date, and Location

If available, please review the program schedule before listing your choices. Social functions *may not conflict* with the ASBH program.

Day: _____ Date: ___/___/2026 Beginning Time: _____ Ending Time: _____

If you would prefer a specific location or room type, please indicate it here:

3. Sponsor

If applicable, please provide the name of the sponsor or organization.

4. Additional Information

Expected Attendance Count: _____ Room Set-Up Request: _____

Food and Beverage Services: Yes No Audio Visual Equipment: Yes No

On-Site Meeting Contact Name: _____ Cell Phone: _____

Brief Description of Event

5. Payment Information

There is a \$500 administration fee associated with each approved request.

Name: _____

Title: _____

Organization Name: _____

Address: _____

City, State, Zip Code: _____

Phone: _____ Email: _____

Payment Instructions

1. Fill in credit card information below or call the number at the top of your invoice, once received. Please note that there is a 3% credit card processing fee.
2. Keep a copy of this file for your records.
3. To pay by check, send check and original application to:

ASBH
PO Box 88019
Chicago, IL 60680

Credit Card Information

Name on Card: _____
Credit Card Number: _____ Expiration Date: ____ / ____
Credit Card Amount: \$515.00 CVV Number: _____ Billing Zip Code: _____

Check Information

Check Number: _____ Date: _____ Check Amount: \$500.00

Payment Dates

The designated contact or organization (Sponsor) must pay 100% of their \$500 administration fee within 30 days of receipt of the invoice. Full payment must be received on or before 30 days prior to the conference, regardless of the application/contract submission date. ASBH reserves the right to reassign function space if the Sponsor fails to remit 100% of the deadline. No refunds or credits will be issued after the date of the conference, and any attempt to withhold or withdraw payments made by the Sponsor will be considered a breach of this Agreement and subject to enforcement action by the Society.

Cancellation Policy

In the event the Sponsor decides on the intent to cancel the agreement after acceptance but prior to the agreed upon date, a written notification must be issued to the Society before October 1, 2026. Notification after October 1 may incur a cost to the Sponsor for the room and/or any other arranged services provided for the function.

To submit form, email Mary Sanders, Professional Relations and Development Manager, at msanders@asbh.org.

OFFICE USE ONLY

Space Provided: Yes No Venue: _____ Room Location: _____
Date: ____ / ____ / 2026 Time: _____

