

Meeting Room Request Form



Submission Deadline: June 7, 2010

Confirmed TCT exhibitors may reserve space for internal staff meetings at the Walter E. Washington Convention Center and/or the Renaissance Washington, DC Hotel during TCT 2010. Meeting rooms are limited and requests are honored on a first-come, first-served basis. Meeting rooms may not be used to draw physician attendees away from scientific sessions.

Those hosting an Investigator or Advisory Board meeting must complete an Application for an Investigator or Advisory Board Meeting, which can be found on the TCT Web site, www.tctconference.com.

Meeting room assignments will be finalized the week of **June 14, 2010**. You will be sent confirmation via e-mail of your meeting location and time. For more information, please contact Elizabeth Burke at 646-434-4390. Completed forms may be sent via e-mail to eburke@crf.org or via fax to 646-434-4713.

SEPTEMBER 21-25, 2010

WALTER E. WASHINGTON CONVENTION CENTER · WASHINGTON, DC
WWW.TCTCONFERENCE.COM

FOR INTERNAL USE BY CRF ONLY

Date Received: _____

TCT invoice #: _____

GP#: _____

Location: _____

Room #: _____

Company Information

Company _____ Booth No. _____

Main Contact (please print) _____ Title _____

Address _____

City _____ State _____ Zip/Postal Code _____ Country _____

Telephone (country code/city code/number) _____ Fax (country code/city code/number) _____ E-mail (mandatory) _____

Meeting Planning Company (if applicable) _____

Purpose of Meeting (describe in detail) _____

Dates/Time of Meeting _____ Expected Number of Attendees _____

CRF can not guarantee the availability of date/time or requested room sizes and setup.

Preferred Setup *(check one)*

- Classroom Theater Conference
 U-Shaped Hollow Square

Preferred Location *(check one)*

- Convention Center Renaissance Hotel

PLEASE NOTE: Exhibitors may reserve a meeting room for a minimum of four (4) hours at \$525 (USD) or a full day of eight (8) hours at \$900 (USD). Room setup is included. Audio/visual, food and beverage, and other services must be ordered separately. You will receive contact details for vendors in your confirmation e-mail.

Credit Card Payment *(Please complete all fields)*

Cardholder must sign below in order for request to be processed.

Credit Card Number _____

Expiration Date (mm/yyyy) _____ Security Code (on back of card) _____

Authorized Signature _____

Cardholder Name (please print) _____

Cancellation Policy

Written notice of cancellation must be received via e-mail or on company letterhead. Cancellation of space will result in payment of the following fees: For cancellation on or before July 9, 2010, the exhibitor will pay 50% of meeting space fee; for cancellation after July 9, 2010, the exhibitor will pay 100% of the meeting space fee.

Terms and Conditions

Meeting rooms may not be used to draw physician attendees away from scientific sessions. If the purpose of the meeting is misrepresented, CRF may be forced to cancel the reservation on-site and will be unable to reserve a room on your company's behalf the following year at TCT. This applies to third-party planners.

I, the undersigned, have read and understand the above Cancellation Policy and Terms and Conditions.

Signature _____ Date _____

Print Name (please print) _____ Title _____