



T-Cell Lymphoma Forum 2018 Ancillary Event Request Form

Requests must be received by November 21, 2017 and submitted via email to dcruz@jwoodassoc.com or fax to 201-594-0409. All associated costs for holding an ancillary event are the responsibility of the organizer of that activity. All ancillary activities are subject to the approval of the meeting chairs. TCLF organizers will determine whether the proposed activity meets its standards and requirements and conforms to its policies. **Event agendas, including proposed faculty, must be submitted with this form.**

Event Organizer Contact Information

Primary Contact Name: _____

Primary Contact Organization: _____

Address: _____

City: _____ State/Country: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Check here if the organization submitting the application and providing financial support for the event is the same as the primary contact organization above.

If the organization submitting the application and providing financial support is **different** than the primary contact organization above, please provide the name of the organization: _____

Organizations may not hold functions during TCLF's "blackout" times. These times are strictly enforced.

BLACKOUT TIMES:

Thursday, February 1: 9:00 AM – 9:00 PM

Friday, February 2: 7:00 AM – 9:00 PM

Saturday, February 3: 7:00 AM – 1:00 PM

Check appropriate activity*:

- Satellite Symposium (CME or non-CME)
 - Friday, February 1, 2018; 7:00 am - 8:00 am
 - Friday, February 2, 2018; 12:30 pm - 1:30 pm
 - Saturday, February 3, 2018; 7:00 am - 8:00 am

Preferred Date and Time*:

- Advisory Board
 - Wednesday, January 31, 2018
 - 8:00 am - 12:00 pm
 - 12:00 pm - 2:00 pm
 - 2:00 pm - 6:00 pm
 - 6:00 pm - 9:00 pm
 - Saturday, February 3, 2018
 - 2:00 pm - 6:00 pm
- Other _____

*Assignments will be made on a first-come basis.

DESIRED MEETING ROOM SPECIFICATIONS¹:

Anticipated Audience Size: _____ 10-20 ppl _____ 25-50 ppl _____ 100-150 ppl

Symposium Room Setup Preference:

_____ Classroom Style _____ Theater Style _____ Banquet Rounds _____ U-shape
 _____ Other, please specify _____

Audiovisual Services Required: Yes No Food Function Required: Yes No

Please return to:

Damaris Cruz, Assistant VP for Programs
Jonathan Wood & Associates

Fax 201-594-0409
Email: dcruz@jwoodassoc.com

¹This information is used to determine the meeting room needed. All services will be handled directly with the hotel by the group organizing the meeting. All associated costs are the responsibility of the Event Organizer.