CHEST 2020 Meeting Space Request Form and Guidelines

In order to obtain meeting space at the CHEST 2020 HQ hotel, a Meeting Space Request form must be completed. All requests must be approved by CHEST. Please review the guidelines below.

1. Meetings/functions that may involve CHEST attendees may **ONLY** be held at the following times:

   - Saturday, October 17 – before 7:30 AM or after 5:30 PM
   - Sunday, October 18* – after 9:00 PM
   - Monday, October 19 – after 10:00 PM
   - Tuesday, October 20 – after 10:00 PM
   - Wednesday, October 21 – after 4:00 PM

   *The Opening Reception is held between 7:00 PM and 9:00 PM on Sunday, October 18. All exhibitors and their staff are invited.*

2. Meetings involving only company staff are not limited to the above times but must be approved by CHEST.

3. Meeting space is held only at the Sheraton Grand Chicago hotel. Meetings requested at CHEST 2020 overflow hotels must be approved by CHEST. Once your meeting is approved, we will put you in contact with the hotel events department and you will be responsible for confirming the space with the individual hotel. CHEST may approve meetings within their guidelines at overflow hotels but the space may require an additional fee at the hotel's discretion.

4. More than five (5) meeting requests may be subject to a fee imposed by CHEST.

5. Functions that are of educational or scientific content will not be permitted. This includes educational or scientific programs; advisory and investigative boards; courses, symposia, seminars or workshops; speakers or lecturers; posters or abstracts of scientific, clinical, or educational research.

6. Food and beverage, AV and other costs associated with the meeting, will be billed directly to you by the hotel.

7. Merchandise sales are not allowed at any time.

8. All convention center space is reserved solely for CHEST activities.

Please contact Susan Harris, Meeting Planner, at +1 (224) 521-9584 or sharris@chestnet.org with any questions.

Thank you for your cooperation.
Official CHEST dates and times are: Saturday, October 17, 7:30 AM-5:30 PM; Sunday, October 18, 5:30 AM-9:00 PM; Monday, October 19 and Tuesday, October 20, 5:30 AM-10:00 PM; Wednesday, October 21, 5:30 AM-4:00 PM.

Complete one form per function. Only one form required for office space on multiple days. Duplicate this form as necessary. More than five (5) meeting requests may be subject to a fee.

COMPANY/ORGANIZATION INFORMATION

Company Name: ____________________________
Contact Person: ____________________________
Address: __________________________________
City: ____________________________ State: __________ Zip: ____________
Telephone: __________ Fax: __________ Email: ____________

MEETING/FUNCTION INFORMATION

Name of Function: ____________________________
Day and Date Requested: ____________________________
Start Time: __________ End Time: __________ Estimated Attendees: ____________

□ Sheraton Grand Chicago Hotel
□ Other: _______________________________________

Function Type (Check One): □ Business Meeting □ Staff Office □ Speaker Ready Room □ Reception
□ Focus Group. Other: _______________________________________

Purpose of Function: ____________________________
Audience (Check All That Apply): □ Conference Attendee □ Company/Org Staff
□ Other: _______________________________________

Desired Setup (Check One): □ Conference □ Hollow Square □ U-Shape □ Rounds □ Reception
□ Other: _______________________________________

I/we have read the Meeting Space Request Guidelines and agree to abide by all CHEST regulations. Further, I/we agree to assume all liability, and to indemnify and hold harmless the American College of Chest Physicians from and against any and all liability and claims and demands that may arise from or be asserted in connection with the foregoing understanding and responsibilities.

Signature of Authorized Contact: ____________________________ Date: ____________________________
Print Name: ____________________________

Send completed form to: Susan Harris, Meeting Planner, email: sharris@chestnet.org.

FOR OFFICE USE ONLY: Approved □ Denied-Reason: ____________________________
Hotel/Room Assigned: ____________________________