



## National Conference Meeting Request Form

### Type of Meeting:

### Contact Information

Organization:	
Address:	Primary Contact:
City/State/Zip:	Phone:
Fax:	Email:

### Meeting Information

Event Name: (as it should be posted)		
Brief Program Description: (including target audience)		
Preferred Day/Date:	Start Time:	End Time:
Total # of Attendees:	Total # of Professional National Conference Attendees:	
Room Set:	Other (please be as specific as possible)	

Are you expecting to serve any Food and Beverage?

Will you require any Audio Visual equipment?

Will you be using Projection (AAP's A/V company)?

### Meeting Location Preference

Please be advised that meeting space is LIMITED and events are assigned to a first-come, first-serve basis.

Hyatt Regency Orlando

I will be contracting space outside of AAP-Contracted Venues

**PLEASE RETURN THIS FORM TO:**

**Racheal McDonald**  
Meetings & Exhibits Coordinator  
American Academy of Pediatrics  
345 Park Blvd | Itasca, IL 60143  
Phone: 630.626.6243 (direct line)  
rmcdonald@aap.org