American Academy of Periodontology 105th Annual Meeting
November 2-5, 2019
Chicago, Illinois

EXHIBITOR FUNCTION RESERVATION FORM

Exhibitor-sponsored private functions are separately organized events during which exhibitors can meet with American Academy of Periodontology (AAP) participants outside of the exhibition hall to network, entertain, and continue business started on the exhibit floor.

Exhibitors sponsoring any type of private function are required to adhere to the following guidelines:

• The AAP must be informed of all planned functions. Exhibiting companies must complete the “Exhibitor Function Reservation Form” and submit it to the AAP for space approval.

• Exhibiting companies must clarify that their events are not official AAP functions.

• Host companies agree to assume all liability for their functions.

• Exhibitors will assume all costs associated with their functions, e.g., food and beverage, audio-visual, room rental, etc.

• No functions can be held opposite an AAP-sponsored event. Functions are allowed only during the following program-free hours:
  ➢ Friday, November 1  7:00 am - 5:00 pm and 7:00 pm - 12:00 midnight
  ➢ Saturday, November 2  7:00 pm - 12:00 midnight
  ➢ Sunday, November 3  7:00 pm - 12:00 midnight
  ➢ Monday, November 4  6:30 pm - 12:00 midnight (Requests for Monday evening will not be processed until July 31, 2019, to allow for the placement of alumni events.)
  ➢ Tuesday, November 5  5:00 pm - 12:00 midnight

• Exhibitors requiring space for staff meetings should indicate their desired dates and times regardless of the program-free hours listed above.

• Please complete this form for any Annual Meeting event even if the event is to be held prior to Saturday, November 2. For best availability, return this form no later than September 13, 2019.

**Note:** Non-exhibiting companies are prohibited from hosting functions at the AAP Annual Meeting.

If you have any questions, please contact Meeting Services via phone at 312-787-5518, via fax at 312-573-3225, or via e-mail at meetingsinfo@perio.org.
EXHIBITOR FUNCTION RESERVATION FORM

Official Name of Function: ____________________________________________
__________________________________________________________
__________________________________________________________

Function Day/Date: ____________________________________________
Function Start Time: ____________________________________________
Function End Time: ____________________________________________
Expected Attendance: __________________________________________

Type of Function:
☐ Reception
☐ Dinner
☐ Business Meeting
☐ Seminar
☐ Other ______________________________________________________

Food and Beverage Requirements:
☐ Breakfast (buffet, plated, continental)
☐ Beverage break (hot, cold, hot & cold)
☐ Lunch (buffet, plated, boxed)
☐ Cocktail reception (hors d’oeuvres/drinks)
☐ Dinner (buffet, plated)

Audio-Visual Equipment Requirements:
☐ None
☐ Podium
☐ Podium microphone
☐ LCD projection package (for PowerPoint) with screen
☐ Flatscreen
☐ Other ______________________________________________________

Name and address of individual to whom reservation information should be sent:

PLEASE PRINT

Name: ____________________________
Address: ____________________________
__________________________________________
__________________________________________

Phone: ____________________________
Fax: ____________________________
Email: ____________________________

Room Set:
☐ Reception-style (cocktail tables and bar)
☐ Banquet-style (rounds of 10)
☐ Theater-style (rows of chairs)
☐ Conference-style (one large table)
☐ Other ______________________________________________________

Return completed form to:
AAP Meeting Services
American Academy of Periodontology
737 N. Michigan Avenue, Suite 800
Chicago, IL 60611-6660
Phone: 312-787-5518 / Fax: 312-573-3225
Email: meetingsinfo@perio.org