

# REQUEST FOR FUNCTION SPACE

To reserve a meeting room, please complete this form in its entirety and return to AnneMarie Druške via email at [meetings@midwestpodconf.org](mailto:meetings@midwestpodconf.org). Use one form per event; duplicate this form as necessary for each event. Meeting space is assigned after considering meeting size and type, as well as equipment and/or presentation needs.

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**FUNCTION NAME**

**CONTACT NAME**

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**ON-SITE CONTACT NAME**

**COMPANY NAME**

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**ADDRESS**

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**CITY**

**STATE**

**ZIP CODE**

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**TELEPHONE**

**FAX**

**EMAIL**

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## MEETING PURPOSE / FUNCTION INFORMATION

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**EVENT NAME**

**DATE**

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**START TIME**

**END TIME**

**NO. OF ATTENDEES EXPECTED**

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### EVENT TYPE

MEETING  STAFF MEETING  RECEPTION  DINNER  OTHER: \_\_\_\_\_

REQUIRES FOOD & BEVERAGE?  AUDIO VISUAL?

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### PUBLISHING INFORMATION

Yes, please post my event on the:  
conference website, on-site program guide

Include general hours of programming to inform  
when functions are acceptable.

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**FINE PRINT:** Functions may not conflict with educational programming or official MPC events. Should your function occur during continuing education, your attendees will not be eligible for CE Hours. Please communicate this to them. Functions occurring during the CE scanning hours may request to have scanners sent to their event location.

In the event approval for your meeting or social event is not granted, the Midwest Podiatry Conference will not be held responsible or accountable for any hotels or other entities with whom you have entered into contractual agreements.

Food & Beverage, Audio Visual and other event related costs are the responsibility of the company, organization or person's listed on this form. The Midwest Podiatry Conference will not be held responsible for unexpected fees incurred as a result of this event.

