National Athletic Trainers' Association
60th Annual Meeting & Clinical Symposia
June 16- 20, 2009/San Antonio, TX

REQUEST FOR MEETING SPACE

Please fill out the following form *clearly and completely*. Return to: NATA, 2952 Stemmons Freeway, Dallas, Texas 75247 ATTN: Anita James or fax to: 214.637.2206. If you have questions, call NATA at 800.879.6282 and ask for Anita James, ext. 152, or Lori Marker, ext. 140.

** Return this form by Friday, February 27, 2009 **

All costs incurred for your event, including but not limited to room rental, audiovisual equipment rental, and food and beverage, are the responsibility of the host company/organization.

Host Company/Organization: (Please print or type) Contact Name/Title:

_____

Contact Address: City: State: Zip:

_____

Phone: _____ Fax: _____ E-mail: _____

Please complete a separate form for each meeting/reception.

- **I would like a meeting of my company/organization on: (check one)**
  _____ Tuesday – June 16 _____ Friday – June 19
  _____ Wednesday – June 17 _____ Saturday – June 20
  _____ Thursday – June 18

- **Preferred meeting start and finish time:** _____ a.m./p.m. TO _____ a.m./p.m.

- **Indicate number of people attending:** _____

- **Indicate type of meeting:** _____Alumni Reception _____Seminar _____Board Mtg _____Other (Please specify)

- **Indicate type of room set:** _____Classroom _____Theater _____Conference _____Other (Please specify)

- **Indicate if a catering order is required?** _____Yes _____No

- **Will you be charging a fee for your attendees?** _____Yes _____No **If so, how much?**_____

- **Is your event invitation only?** _____Yes _____No

- **Will attendees receive CEUs for attending your event?** _____Yes _____No (If yes, your event should be held on June 16 or 17)

- **Event Name:** ***(Only provide this information if you want your event posted on the NATA website)***

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- **Please state any additional requirements.**

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