



2020 Ancillary Meeting Request Form

Ancillary meeting rooms are available to ASTA members on a first come, first served basis, and requests are subject to availability. Once the Ancillary Meeting Request Form is received by ASTA, the contact person below will be notified to confirm availability.

CONTACT PERSON

Company Name _____

Contact Name _____

Email Address _____

Phone _____

ONSITE CONTACT

- The onsite contact person is the SAME as the contact person above
 The onsite contact person is DIFFERENT than the contact person above (complete section below)

Onsite Contact Name _____

Email Address _____

Phone _____

MEETING INFORMATION

Estimated Maximum Number of Attendees: _____

Would you like your meeting name to be listed on hotel reader boards (public)? Yes No

If yes, please list exactly how you would like the meeting name to be listed:

MEETING OPTIONS

Please select one meeting room option below. Selection is subject to availability. The room fee includes basic setup (tables, chairs, and house linen) and a water station (pitchers of water). The fee does not include food, beverage, audio visual, or other requirements. **Once meeting room is confirmed, the fee is non-refundable.**

\$500 - Full Event (Sunday – Tuesday)

\$250 - One Day (select one) Sunday Monday Tuesday

\$150 - Half Day (select one time slot and one day)

7:30 am – 11:30 am Sunday Monday Tuesday

12:00 pm – 4:00 pm Sunday Monday Tuesday

REQUESTED SETUP

Half day reservations will automatically be set conference style. One day and full event reservations may select their setup type from the options below. Once submitted to the hotel, room setup cannot be changed.

- Classroom Conference/Board Room Rounds of 10
- Theater Other (please specify): _____

ADDITIONAL SERVICES

The following additional services are available at an additional cost. The contact person listed on this form is responsible for confirming and paying for any services requested. ASTA staff will provide details on how to order these items. Please indicate which services you would like to receive information about:

- Food and Beverage Audio Visual Internet

Additional Comments and Special Requests:

ACCEPTANCE

Representative Signature: _____

Date: _____

The acceptance of this ancillary meeting request form is subject to final approval by ASTA.

PAYMENT INFORMATION (please select one)

- Check Payment:** Please make check payable to American Spice Trade Association and mail your payment with this form to. **Your request will not be processed until payment is received.**

American Spice Trade Association
1101 17th Street NW, Ste. 700
Washington, DC 20036 USA

- Credit Card Payment:** Please provide your credit card information below:

Name on Card: _____

Credit Card Number: _____

Expiration Date: _____

Return Form To: ASTA Meetings Management
 Fax: (202) 463-8998 Email: lindsay.wilson@vertosolutions.net