

Rental Request Form (Please fill out as much of the requested information as possible.)

GENERAL INFORMATION

Company/Org: _____
Contact name: _____
Billing address: _____
Email: _____
Office phone: _____ Mobile phone: _____

COURSE INFORMATION

Course Dates: First choice: _____ Alternates: _____
Course Title: _____
Number of
Surgeons/Physicians: _____ Staff: _____ Nurses: _____ Faculty: _____ Vendors: _____ Total: _____

SPACE REQUIREMENTS

- Auditorium: 100+-seat, tiered
- Bioskills Lab: up to 16 lab stations
Number of stations needed: _____ Start time of lab: _____ End time of lab: _____
- Dry Lab
- Research Lab
- Conference Meeting Rooms: educational sessions, breakout sessions
- Board Room A: Seating for 18 at conference table
- Board Room B: Seating for 18 at conference table
- Break Area/Dining
- Outdoor Terrace: 3,700 square foot terrace overlooking pond and protected woodlands
- Indoor Social Reception
- Hotel Guest Rooms (ASGE can recommend several nearby hotels to provide guest room accommodations for your attendees.)

NOTES

