



XVIIth INTERNATIONAL MYELOMA WORKSHOP

September 12-15, 2019 • Boston, MA • USA

ANCILLARY EVENT SPACE REQUEST FORM

Complete this form for EACH request and submit **NO LATER THAN August 7, 2019.**

Company Name: _____

Contact Name: _____

Email Address: _____

Mailing Address: _____

Phone: _____ Fax: _____

EXHIBITOR/SPONSORED PRIVATE FUNCTIONS & HOSPITALITY SUITES

I/we have read the IMW Guidelines regarding Ancillary Events and agree to abide by all IMW General Rules and Regulations and hold harmless the IMW from and against any and all liability and claims and demands which may arise from or be asserted in connection with the foregoing undertakings and responsibilities.

Print Name: _____ Title: _____

Applicant's Signature: _____ Date: _____

Function Name: _____

Desired Location*: _____

**Meeting space may not be available at all meeting venues.*

Function Type: Private F&B Function Investigator/Industry Update Internal Sales/Business Meeting
 Patient Group/Non-Profit Organization Other _____

Number Attending: _____ Attendance: Company Personnel Physician/Company Other _____

Function Date: September _____, 2019 Start Time: _____ am/pm End Time: _____ am/pm

**Must be in compliance with the black out date/times.*

Event Description/Purpose: _____

Fees and Payment:

There is a \$1,000 non-refundable fee per approved event request. This fee will be waived for corporate sponsors of IMW supporting the IMW at a Silver level or higher.

Name on Card: _____

Credit Card #: _____ Exp Date: _____

Signature: _____

Please Note: Do not email forms with credit card information. Fee will be processed upon approval of event.

Return form to:
2019 International Myeloma Workshop c/o SPARGO, Inc.
11208 Waples Mill Road, S-112 Fairfax, VA 22030
Phone: 703-259-6279; Fax: 703-679-3938 (secure fax)
Email: IMW2019@spargo.com

IMW Use Only

Date Received: _____

Date Approved: _____

Added to DB: _____