



2010

INTERNATIONAL
MICROWAVE SYMPOSIUM

IEEE MTT-S • MAY 23-28, 2010 • ANAHEIM, CALIFORNIA

THE GOLDEN STATE OF MICROWAVES

IMS2010 Meeting Space Request Form

For multiple room requests, please submit a separate sheet.

Date: _____

Company Name: _____

Contact Name: _____

Contact Email: _____

Contact Phone: _____

Convention Center meeting space:

Meeting rooms will not be available during show hours. Additional charges may apply for room set-up.

Type of function: _____

Preferred room set - Check one: Conference Theater U-shape Classroom Banquet Banquet Rounds

Hollow Square Other: _____

Will you need: (Check all that apply) Podium Riser Head Table Other _____

Audio Visual: (Check all that apply) LCD and Screen Microphone(s) Internet Connectivity Other _____

All additional charges will be the responsibility of the exhibitor

Date: _____

Time: Start: _____ End: _____

Number of expected attendees: _____

Title of Event: _____

Hotel function space:

Meeting rooms will not be available during show hours.

Preferred room set - Check one: Conference Theater U-shape Classroom Banquet Banquet Rounds

Hollow Square Other: _____

Will you need: (Check all that apply) Podium Riser Head Table Other _____

Audio Visual: (Check all that apply) LCD and Screen Microphone(s) Internet Connectivity Other _____

Exhibiting company is responsible for all charges.

Date: _____

Time: Start: _____ End: _____

Number of expected attendees: _____

Title of Event: _____

Would you like your event posted on the IMS2010 website and in the Exhibition Catalog? Please Circle: Yes or No

Show Management Use Only:

Booth # _____ Date Submitted _____ Date Approved: _____ Approved by: _____

Meeting room set: Convention Center Hotel _____ Assigned Room # _____

For questions/information regarding the meeting space options, please contact Susie Horn at MP Associates, Inc.
Email: susie@mpassociates.com Phone: 303-530-4562 Fax: 303-530-4334