



The Alliance for Continuing Education in the Health Professions

THE ALLIANCE 2019 Annual Meeting Ancillary Meeting Application

Deadline: January 8th, 2019

If your organization would like to obtain meeting space during the The Alliance 2019 Annual Conference, please review the Rules and Regulations listed below and complete the Meeting Space Application. All requests shall be reviewed and approved on a first-come, first-serve basis. All applications are due on or before **January 8th, 2019** for approval. Meeting space cannot be guaranteed but we will do our best to accommodate all request.

The Alliance will provide space free of charge for periods up to 4 hours for organizations that are deemed associations or nonprofits (subject to approval by The Alliance). For any member organization representing commercial interest, the Alliance will charge a room rental fee of \$500 for up to 4 hours. For any non-member organization representing commercial interest, the Alliance will charge a room rental fee of \$750 for up to 4 hours. Your organizations designation will be selected below and an invoice will be provided upon approval of request. This request is only for the meeting space and the Alliance will not be providing any equipment or services in the room allotted to your organization. Upon approval of this request you will be given the contact information to arrange services and billing through the property and its vendors.

Rules and Regulations: The purpose of these policies is to ensure meetings do not conflict with the Alliance Annual Conference Program. Also The Alliance has fees associated with organizations holding a meeting during the Annual Conference, because of general expenses involved with gathering over 1,200 Continuing Education Professionals in one location as well as contract negotiations at local hotels to include accommodation of ancillary events The Alliance requires all parties seeking space to agree to the terms below.

1. This form must be completed if you are planning ANY event that occurs between January 23 – January 26, 2019, if you are requesting space from The Alliance.
2. Please use a separate form for each meeting or function requested. If an event is held in several different rooms, you will need one form per room.
3. The Alliance maintains control of approval of all meeting/event requests, as well as assignment of any function or meeting space within any The Alliance held meeting/function space in Gaylord National Property. The Alliance reserves the right to deny any requests for meetings/events or meeting space.
4. The Alliance's name, logo, meeting name and/or meeting logo use must be approved by The Alliance to ensure that our name and logo are utilized properly.
5. Functions may be conducted during The Alliance Approved Times only.
6. Organizers of an ancillary event must make all reasonable efforts to verify that attendees of the event are registered attendees of the The Alliance Annual Conference. This entails incorporating links and registration information for the 2019 Alliance Annual Meeting in all marketing and invite correspondence. It is expected that over 2/3rd (Two Thirds) of your attendees will be registered for the Alliance Annual Conference. The Alliance reserves the right to obtain your registration list and verify this threshold has been met.
7. Vendors working your event (temps, etc.) must also be registered and wearing an Alliance badge.
8. Activities are restricted to the confines of the official hotel event rooms and suites and may not be held in public areas, including but not limited to, hotel lobbies or hallways, restaurants, or sidewalks adjacent to the hotel.
9. Changes to the estimated number of attendees, date or event times, or room assignments must be authorized by the The Alliance. Please notify us of any requested changes immediately. In some cases, the change may need to go through the full approval process again. The Alliance reserves the right to cancel ancillary functions should the information on the submitted invitation change from what was originally approved by The Alliance.
10. The organizer of the event or meeting must take full responsibility for the event or meeting and hold harmless the The Alliance for Continuing Education in the Health Professions, its officers, agents, and staff, from any and all liability associated with the event or meeting. The Alliance will not adjudicate disputes between participants or anyone else involved in ancillary meetings.
11. No promotional materials may be distributed prior, during or after the The Alliance Annual Meeting without the prior approval of the The Alliance. Promotional and invitation materials may not be distributed in the Annual Meeting city hotels or guest rooms. All copy, advertising, etc., must be approved by The Alliance prior to printing or mailing. Please submit all requests for approval via email to registration@acehp.org
12. Functions found to be in violation of these guidelines shall be immediately discontinued. The organization hosting the meeting waives any rights to claims of damages arising out of the enforcement of these guidelines.
13. **Signage:** Use of directional (human or signage) is not permitted for ancillary meetings. One sign, no larger than 22x28, may be posted outside your meeting room.

Alliance Ancillary Meeting Request Application

Due by: January 8, 2019

Company Hosting Event:		Third Party Organizer if applicable:	
Contact Name:		Email:	
Address:			
Phone:		Fax:	
Meeting/Event Name:			
Type of Function:			
Who is Attending Event?			
Requested Meeting Date:		Start Time:	End Time:
Does your meeting charge a registration fee of its attendees?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Which category best describes the company hosting the event?	<input type="checkbox"/> Non-Industry (Association/Nonprofit) <input type="checkbox"/> Industry or Third Party Vendor Representing Industry		
<p>If you selected Industry or Third Party Vendor Representing Industry, please answer the following questions:</p> <p>1) Are you currently a sponsor/exhibitor? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2) I understand that as Industry I will be charged \$500 or \$750 based on my membership status for the use of meeting space for up to 4 hours. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>I confirm that I have read the rules and regulations document provided with this application and that my organization and all related parties will conform to the policies outline in the attached</p> <p style="text-align: center;"><input type="checkbox"/> Yes</p>			
ROOM SET-UP		FOOD & BEVERAGE	
Number of People:		<i>Please specify if your meeting will be having one or more of the following meal functions:</i>	
Please select only one of the following:		Meal Type	Type of Set-up
<u>Set-Up Style:</u>		<input type="checkbox"/> Breakfast	<input type="checkbox"/> Buffet in Room <input type="checkbox"/> Buffet in Foyer
<input type="checkbox"/> Conference <input type="checkbox"/> Theatre		<input type="checkbox"/> Lunch	<input type="checkbox"/> Buffet in Room <input type="checkbox"/> Buffet in Foyer
<input type="checkbox"/> Hollow Square <input type="checkbox"/> Classroom		<input type="checkbox"/> Dinner	<input type="checkbox"/> Buffet in Room <input type="checkbox"/> Plated in Room <input type="checkbox"/> Buffet in Foyer
<input type="checkbox"/> U-Shape <input type="checkbox"/> Rounds		<input type="checkbox"/> Reception	<input type="checkbox"/> Hors D'oeuvres <input type="checkbox"/> Buffet in room
<input type="checkbox"/> Other:			
Will you need <u>Audio Visual</u> :		Other Requirements:	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
<p>Note: Once THEALLIANCE has approved and placed your event, The Alliance will send you contact information for the hotel to discuss your meeting requirements. The Alliance for Continuing Education in the Health Professions assumes no responsibility for any costs associated with the events held by your company in the space allocated. You must set-up your own account with the facility and any service providers and work out all orders directly with these third parties.</p>			

For THE ALLIANCE Office Use Only

Date Received: _____ PM Approval: _____ Date: _____

For additional information, please contact registration@acehp.org