AFFILIATE GROUP EVENT RESERVATION FORM

All groups wishing to hold receptions or special meetings in conjunction with the 2020 BMES Annual Meeting MUST complete this form and submit it to BMES offices no later than June 1, 2020. Each group will be responsible for all costs for its event including food, labor, beverage, labor, and audio visual. All events will take place at either the Hilton Bayfront Hotel (headquarters hotel) or the San Diego Convention Center.

Group/Event Name__________________________________________________________

Primary Contact Name______________________________________________________

Mailing Address________________________________________________________________________

City, State, Zip ______________________________________________________________________

E-mail ____________________________ Phone ________________________________

Event Day / Date ____________________________________________________________

Event Start Time ____________________________ Event End Time _______________________

Number of guests expected __________________________

Location Preference: ☐ Hilton Bayfront Hotel (headquarters hotel) ☐ San Diego Convention Center

Although we will do our best to accommodate your preference we can not guarantee location.

Room set-up: please check appropriate box so that we reserve the appropriate size meeting room

☐ Theater seating ☐ Classroom seating ☐ Conference Table ☐ Hollow Square ☐ U-Shape

☐ Reception with cocktail tables ☐ Lunch (rounds of 10) ☐ Dinner (rounds of 10)

Other information that will help us reserve the correct space for your event:______________________________

AFFILIATE EVENT FEE - $500. Please make checks payable to BMES.

Credit Card payments with total amount due of $500.00 ☐ VISA ☐ Master Card ☐ America Express ☐ Discovery

Card #______________________________________________ Exp. Date: ____________ Security Code:_______

Signature:________________________________________

Name on the Card: ________________________________

Billing Address (if different) for credit card _____________________________________________________

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Please return this form no later than June 1, 2020 to insure your space.

Please FAX completed Form to 301-459-2444 so we can reserve the room for you.

Once this form has been received by BMES staff, we will contact you to confirm your room assignment. As you will be responsible for your own charges for catering and other needs, you will be provided the name of the facility contact to make your menu selections, room set-up and payment arrangements.

Contact Debby Tucker at meetings@bmes.org, if you have any questions.