



106th Annual Meeting

May 2-5, 2026
McCormick Place Lakeside Center
Chicago



Affiliate Function Space Request Form

Function Details

Company/Group		Exhibitor Name (if representing a different Company)	
Address	City	State	Zip Code
On-site Contact Name	On-Site Contact Phone	On-Site Contact Email	
Event Name, as it will appear on e-signage, if available	Event Description		

By signing this document, the signer agrees that this is a legally binding contract, and payment must be received by AATS before space is put on hold for the requesting organization. Written cancellations received after **March 27, 2026**, will not receive a refund. In the event of cancellation on or before March 26, 2026, a refund of less a 50% administrative fee will be issued.

Requested Date

- Thursday, April 30, 2026
- Friday, May 1, 2026, before 1:00pm
- Friday, May 1, 2026, after 5:00pm
- Saturday, May 2, 2026, before 7:30am
- Sunday, May 3, 2026, before 7:30am
- Sunday, May 3, 2026, after 5:30pm
- Monday, May 4, 2026, before 7:30am

Requested Time

- | | |
|-------------------|-----------------|
| Start Time: _____ | End Time: _____ |
| Start Time: _____ | End Time: _____ |
| Start Time: _____ | End Time: _____ |
| Start Time: _____ | End Time: _____ |
| Start Time: _____ | End Time: _____ |
| Start Time: _____ | End Time: _____ |
| Start Time: _____ | End Time: _____ |

Meeting Type

- Business Meeting
- Staff Meeting
- Social Event
- Dinner
- Reception
- Other: _____

Room Set Up

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> Banquet Rounds | <input type="checkbox"/> Hollow Square | <input type="checkbox"/> Reception |
| <input type="checkbox"/> Classroom | <input type="checkbox"/> U-Shape | <input type="checkbox"/> Podium |
| <input type="checkbox"/> Stage | <input type="checkbox"/> Theater | <input type="checkbox"/> Conference |
| <input type="checkbox"/> Head Table | <input type="checkbox"/> # of people ____ | |

Food & Beverage Needed

- | | |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> No | <input type="checkbox"/> Reception |
| <input type="checkbox"/> Breakfast | <input type="checkbox"/> AM/PM Break |
| <input type="checkbox"/> Lunch | |
| <input type="checkbox"/> Dinner | |

Function Space Pricing

All events are priced per estimated attendance with a maximum of 2 hours. An additional \$500 will be charged with each additional hour scheduled. Off-site events are subject to the fees below.

Number of People	For Profit	Non-Profit	Expected Attendance
1-25	\$4,900	\$950	_____
26-50	\$7,200	\$1,800	_____
51-100	\$9,500	\$2,400	_____
101+	\$14,200	\$3,000	_____

Once this form has been received at kbillig@aats.org and approved by AATS, you will receive confirmation of receipt. Please allow up to ten (10) business days for a response/space assignment. Once approved, AATS will send a confirmation with space assignment and hotel contact. Please note, that incomplete forms and/or forms without accompanying credit card payment cannot be processed by AATS. Once a space assignment and hotel contact is sent to you, please work directly with the hotel for all meeting arrangements.

Complete and return form by April 10, 2026
Keren Billig, Senior Meeting Coordinator, kbillig@aats.org

