



AATS

104th Annual Meeting

In Collaboration With



SOCIETY OF
CARDIOVASCULAR
ANESTHESIOLOGISTS
Knowledge • Care • Investigation



April 27-30, 2024
Metro Toronto Convention Center
Toronto, ON, Canada

Affiliate Function Space Request Form

FUNCTION DETAILS

Company / Group _____ Exhibitor Name (if representing a different Company) _____

Address _____

City _____ State _____ Zip _____ Country _____

Onsite Contact _____

Onsite Contact Mobile _____ Onsite Contact Email _____ Fax _____

By signing this document, the signer agrees that this is a legally binding contract and that 50% advanced payment is due with this agreement and the balance is due by **March 15, 2024**. Written cancellations received after **March 15, 2024** will not receive a refund. In the event of cancellation prior to **March 15, 2024**, a refund less a 50% administrative fee will be issued.

Requested Date

- Thursday, April 25**, 8:00am-8:00pm
- Friday, April 26**, After 5:00pm
- Saturday, April 27**, Before 7:30am
- Saturday, April 27**, After 7:00pm
- Sunday, April 28**, Before 7:30am
- Sunday, April 28**, After 5:30pm
- Monday, April 29**, Before 6:30am
- Monday, April 29**, After 5:30pm
- Tuesday, April 30**, Before 7:30am

Requested Time

- | | | | |
|-------------|---|--------------|---|
| Start _____ | <input type="checkbox"/> am <input type="checkbox"/> pm | Finish _____ | <input type="checkbox"/> am <input type="checkbox"/> pm |
| Start _____ | <input type="checkbox"/> am <input type="checkbox"/> pm | Finish _____ | <input type="checkbox"/> am <input type="checkbox"/> pm |
| Start _____ | <input type="checkbox"/> am <input type="checkbox"/> pm | Finish _____ | <input type="checkbox"/> am <input type="checkbox"/> pm |
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| Start _____ | <input type="checkbox"/> am <input type="checkbox"/> pm | Finish _____ | <input type="checkbox"/> am <input type="checkbox"/> pm |
| Start _____ | <input type="checkbox"/> am <input type="checkbox"/> pm | Finish _____ | <input type="checkbox"/> am <input type="checkbox"/> pm |

Meeting Type

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

Room Setup

- Banquet/Rounds Hollow Square Classroom
- U-shape Reception Podium Stage
- Theater Conference Head Table # ppl _____

Food / Beverage Needed: Yes No

- If yes, type: Breakfast Lunch Dinner
 Reception AM Break PM Break

Event Name (as it will appear on electronic signage if available) _____

Function Room 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.

Function Type	Number of People	For Profit	Non-Profit	Expected Attendance
Event/Meeting	1-25	<input type="checkbox"/> \$4,700	<input type="checkbox"/> \$910	_____
Event/Meeting	26-50	<input type="checkbox"/> \$7,000	<input type="checkbox"/> \$1,775	_____
Event/Meeting	51-100	<input type="checkbox"/> \$9,300	<input type="checkbox"/> \$2,350	_____
Event/Meeting	101 or more	<input type="checkbox"/> \$13,900	<input type="checkbox"/> \$2,925	_____

Event Description _____

Comments / Room Preferences / Hotel Preference _____

Once this form has been received by our office and approved by our Industry Relations Manager, Caroline Arrington, you will receive confirmation of receipt along with an invoice for electronic payment. Once approved, AATS will send a confirmation with space assignment and hotel contact. When space assignments are received, you can work directly with the hotel for all meeting arrangements.

Complete and Return Form by April 19, 2024 to:

Caroline Arrington, Industry Relations Manager, industry@aats.org