



16TH INTERNATIONAL Myeloma Workshop

NEW DELHI, INDIA • MARCH 1-4, 2017

ANCILLARY EVENT SPACE REQUEST FORM

Complete this form for **EACH** request and submit **NO LATER THAN February 10, 2017**.

Company Name: _____

Contact Name: _____

Email Address: _____

Mailing Address: _____

Phone: _____ Fax: _____

EXHIBITOR/SPONSORED PRIVATE FUNCTIONS & HOSPITALITY SUITES
I/we have read the IMW Guidelines regarding Ancillary Events in the Sponsor Manual and agree to abide by all IMW General Rules and Regulations and hold harmless the IMW from and against any and all liability and claims and demands which may arise from or be asserted in connection with the foregoing undertakings and responsibilities.

Print Name: _____ Title: _____

Applicant's Signature: _____ Date: _____

Function Name: _____

Desired Location*: _____
**Meeting space is not available at meeting venue.*

Function Type: Private F&B Function Investigator/Industry Update Internal Sales/Business Meeting
 Patient Group/Non-Profit Organization Other _____

Number Attending: _____ Attendance: Company Personnel Physician/Company Other _____

Function Date: March _____, 2017 Start Time: _____ am/pm End Time: _____ am/pm

Event Description/Purpose: _____

This Fee is waived for IMW Sponsors

FEE to be charged: **\$1,000**

Name on Card: _____

Credit Card #: _____ Exp Date: _____

Signature: _____

Do not email forms with credit card information. Fee will be processed upon approval of event.

Return form to:
 2017 International Myeloma Workshop c/o SPARGO, Inc.
 11208 Waples Mill Road, S-112 Fairfax, VA 22030
 Phone: (703) 631-6200; Fax: (703) 679-3938 (secure fax)
 Email: imw2017@spargoinc.com

IMW Use Only

Date Received: _____

Date Approved: _____

Added to DB: _____