# EXHIBITOR ROOM REQUEST

## 253rd American Chemical Society
**National Meeting & Exposition**
San Francisco, CA  
**Meeting – April 2 - 6, 2017**  
**Exposition – April 2 - 4, 2017**

## COMPANY INFORMATION

Name of Event/Meeting ______________________________________________________________________________________________________

Company ___________________________ Booth Number __________________

Show Contact ___________________________ Title ________________________________

Address ___________________________________________________________________________________________________________________

E-mail ___________________________ Tel ____________________ Fax ______________________

## MEETING INFORMATION

Where do you prefer to be located?  
___ Convention Center  ___ Official Meeting Hotel

Meeting Type  
___ Breakfast  ___ Lunch  ___ Dinner  ___ Reception  ___ Other

Requested Layout  
___ Theater  ___ Classroom  ___ Banquet  ___ Hollow Square  ___ Conference

Set For  
____# of People  
Date ___________________ Start/End Time __________________

Publicize ___ Non-Publicize ___  
Food & Beverage Required ___ Yes ___ No

Additional AV/Internet Needs ___________________________ __________________________

The meeting room user must be an exhibiting company or affiliated organization.
- Meeting room utilization is for food functions, meetings, and staff offices only.
- Meeting room users may place one (1) sign outside of the assigned room.
- Meeting rooms will be assigned in order in which requests are received.
- ACS Meeting Logistics Team will send a meeting room confirmation to the company contact.

Since 2011, the ACS Divisions have encouraged meeting-wide attendance at The Fred Kavli Innovations in Chemistry Lecture held on Mondays of ACS national meetings. If you have events that fall on Monday, April 3 from 5 – 7 PM, we ask that you reschedule to allow for attendance at The Fred Kavli Foundation Innovations in Chemistry Lecture.

## BILLING INFORMATION

The meeting room rental includes the standard room set for $1,500.

Cardholder/Signature _________________________________________________________________________________________________

Card Number ___________________________ Expiration ___________________ Security Code __________

Any additional requests for audio visual, internet, food/beverage, etc. will be billed after the meeting.

## RETURN FORM:  
Please return the completed form to ACS National Expositions at expo@acs.org or fax to 202-872-4410 for further processing.

To Be Completed by ACS Staff:
Expo received and to Logistics ________ Processed by Logistics ________ Assigned Location ____________

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