

2024 Annual Meeting
 November 13-17 New Orleans, LA
 New Orleans Ernest N. Morial Convention Center
astmh.org ajtmh.org #TropMed24



**Advancing Science
 Building Community
 Together**

**ASTMH Annual Meeting
 November 13-17, 2024
 Hilton Riverside New Orleans
 New Orleans, Louisiana, United States**

**ASTMH Request for Meeting Space
 Order Form**

Email completed form to [Buffy Finn](mailto:buffy.finn@astmh.org), Manager, Membership

Rooms can be booked for 1-4 hours (1/2 day) or 5-8 hours (Full day). Space is available beginning Wednesday, November 13 through Sunday, November 17 at 1 pm Central Time. Very limited space available on Tuesday, November 12 and Sunday, November 17.

| | On or before September 30 | On or after October 1 |
|---|---------------------------|-----------------------|
| Not-profit/government 1-4 hours/day/room | \$275 US | \$475 US |
| Not-profit/government 5-8 hours/day/room | \$425 | \$625 |
| Corporate/for-profit 1-4 hours/day/room | \$600 | \$865 |
| Corporate/for-profit 5-8 hours/day/room | \$775 | \$965 |
| Receptions | \$1,000 | \$1,300 |

Please note: Any meeting that utilizes catering will not incur any additional room set up fees.

In addition to the charges listed above, there will be an additional \$300 room set-up charge for meetings booked without catering.

Organization _____

Organization type (check one): non-profit/government corporate/for-profit

Contact Name and Title _____

Address _____

City/State/Postal Code/Country _____

Phone _____ E-Mail _____

Meeting Information

Meeting Name: _____

Meeting Description:

Meeting Date and Time First Choice (*include start and end times; all times are Central Time*):

Meeting Date and Time Second Choice (*include start and end times; all times are Central Time*):

Full Day \$ _____ Half Day \$ _____

How many attendees do you anticipate? _____

Will you be providing catering through the hotel? Yes ___ No ___

AV needs? Ex: screen, projector, internet, Wifi etc. Yes ___ No ___

If yes, what is required: _____

Select a Room Set-Up (choose one only):

Meeting with Conference Table _____

Meeting with U Shape _____

Meeting with Classroom _____

Half Rounds/Banquet Set (round tables for 4-6) _____

Full Rounds/Banquet Set (round tables for 8-10) _____

Receptions – Reception set _____

Meeting Guidelines

- ASTMH only books meeting space at the ASTMH contracted hotels/Convention Centers.
- Meeting room rental fee must be received before space will be reserved.
- If your meeting requires catering and/or audio-visual equipment, ASTMH will connect you with hotels/vendors for your individual follow-up on arrangements and billing. Your meeting organizer must contact the hotel with catering order and ImageAV with audio-visual equipment order no later than Monday, October 28. Arrangements cannot be guaranteed unless order is received by hotels/vendors by Monday, October 28.
- There are rare circumstances where ASTMH may have to change confirmed meeting space. If this happens, meeting organizers will be contacted as soon as possible.
- It is the responsibility of the organization to make sure the confirmation received is accurate. Please contact ASTMH immediately if the confirmation is incorrect.
- Due to the high demand of weeklong meeting requests, space will be held for 30 days without payment. If payment is not made within 30 of receipt of confirmation, the space will be released.
- Please note a \$150 cancelation fee will apply to all cancelations made by October 14. No fees will be refunded for cancelations received after October 14.

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Request for Meeting Space Payment Information

Payment

ASTMH's Taxpayer/ID number is 57-0408245. Check payment - Send check and form to:
ASTMH C/O Meeting Space
P.O. 745981
Atlanta, GA 30374-5981

If you are interested in paying by wire transfer, please contact [Buffy Finn](#) for details.

Credit Cards accepted: Visa, MasterCard, AMEX and Discover

Contact Name and Title _____

Address _____

City/State/Postal Code/Country _____

Phone _____ E-Mail _____

Card Number: _____

Expiration Date: _____

Security Code: _____

Total Amount to charge card \$ _____

Check here if you will need an invoice to complete payment

Please note a \$150 cancellation fee will apply to all cancellations made by October 14.
No fees will be refunded for cancellations received after October 14.