

# Private Exhibitor Meeting Room Application

Return forms by June 19, 2020 to: Melony Bildhauer at [mbildhauer@schoolnutrition.org](mailto:mbildhauer@schoolnutrition.org) or fax to 703-824-3015

Event Name/Title/Description (*Please attach agenda*): \_\_\_\_\_

Planning Company: \_\_\_\_\_ Planning on behalf of: \_\_\_\_\_

Supporter Contact Name: \_\_\_\_\_ Supporter Contact phone: \_\_\_\_\_

Planner Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Planner Email: \_\_\_\_\_ Planner Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

**Type of Group:**     Corporate/Industry     Government     Other: \_\_\_\_\_

**Meeting Name:** \_\_\_\_\_

**Type of Event:**

- |   |  |
|---|--|
| <input type="checkbox"/> Board or Committee Meeting | <input type="checkbox"/> Hospitality Suite ( <i>Hotel Suite, not meeting space</i> ) |
| <input type="checkbox"/> Social Event/Reception     | <input type="checkbox"/> Focus Group   |
| <input type="checkbox"/> Office                     | <input type="checkbox"/> Staff Meeting (Internal Meeting)                            |

**Preferred Location:**     Gaylord Opryland Resort Conference Center     Offsite: \_\_\_\_\_

**Date:**     Sat 7.11.20     Sun 7.12.20     Mon 7.13.20     Tues 7.14.20     Wed 7.15.20

**Rental Fees:**

Fees for rental will be: \$2,000/day or \$500 per 2-hour slot. If more than 16 hours are reserved, a 10% discount will be applied to your total rental fee. As noted previously, any additional needs such as food & beverage, AV, and/or specialty furniture will be the responsibility of the company renting the meeting space.

Saturday, July 11 <sup>th</sup>	Sunday, July 12 <sup>th</sup>	Monday, July 13 <sup>th</sup>
<input type="checkbox"/> Full Day	<input type="checkbox"/> Full Day	<input type="checkbox"/> Full Day
<input type="checkbox"/> 8:00am-10:00am	<input type="checkbox"/> 8:00am-10:00am	<input type="checkbox"/> 8:00am-10:00am
<input type="checkbox"/> 10:30am-12:30pm	<input type="checkbox"/> 10:30am-12:30pm	<input type="checkbox"/> 10:30am-12:30pm
<input type="checkbox"/> 1:00pm-3:00pm	<input type="checkbox"/> 1:00pm-3:00pm	<input type="checkbox"/> 1:00pm-3:00pm
<input type="checkbox"/> 3:30pm-5:30pm	<input type="checkbox"/> 3:30pm-5:30pm	<input type="checkbox"/> 3:30pm-5:30pm








<b>Tuesday, July 14<sup>th</sup></b> <input type="checkbox"/> Full Day <input type="checkbox"/> 8:00am-10:00am <input type="checkbox"/> 10:30am-12:30pm <input type="checkbox"/> 1:00pm-3:00pm <input type="checkbox"/> 3:30pm-5:30pm	<b>Wednesday, July 15<sup>th</sup></b> <input type="checkbox"/> Full Day <input type="checkbox"/> 8:00am-10:00am <input type="checkbox"/> 10:30am-12:30pm <input type="checkbox"/> 1:00pm-3:00pm <input type="checkbox"/> 3:30pm-5:30pm	<b>Total number of Hours:</b> _____  <b>Total Rental Fee:</b> _____
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**Expected Number of Attendees:** \_\_\_\_\_

**Audiovisual Required:**     YES     NO    **Comments:** \_\_\_\_\_

**Food and Beverage Require**     YES     NO    **Comments:** \_\_\_\_\_

**Set up Style:**

<input type="checkbox"/> Classroom		<input type="checkbox"/> Conference		<input type="checkbox"/> Hollow Square		<input type="checkbox"/> U-Shape	
<input type="checkbox"/> Reception		<input type="checkbox"/> Rounds		<input type="checkbox"/> Theater		<input type="checkbox"/> Other _____	

**Space Assignment Information:**

Space will be assigned based upon availability on a first-come, first served basis, and on date application is received. Space assignments will be confirmed via email by SNA. Once space is assigned and you receive your confirmation, you can contact the meeting facility to make further arrangements. Menus will be provided by the facility. A food and beverage minimum and room rental may apply.

PSAV presentation services is the official audiovisual company for the 2020 ANC and their services are available for your affiliate event. All arrangements for audiovisual equipment and support, including billing, must be made directly with PSAV, and not through SNA.

**Payment Method:**

American Express   
 Discover   
 MasterCard   
 Visa  
 Check *(make checks payable to SNA –P.O. Box 759297, Baltimore, MD 21275-9297)*

\_\_\_\_\_  
**Billing Address/City/State/Zip (Enter the address as it appears on the billing statement)**

\_\_\_\_\_  
**Card Number**

\_\_\_\_\_  
**Expiration Date**

\_\_\_\_\_  
**Cardholder Name**

\_\_\_\_\_  
**Cardholder Signature**

**For SNA Meetings Office Use Only (Accounting):**

SNA Administrative Fee to charge: \$ \_\_\_\_\_