

FUNCTION SPACE REQUEST FORM

Any/all companies planning an event to be held at the Marriott Wardman Park Hotel and/or the Omni Shoreham Hotel during the 340B Coalition Summer Conference between Sunday, July 14 – Wednesday, July 17 **must submit this request form for approval prior to securing space and/or planning an event.** All forms must be submitted to [Carla Williams](#) by **Friday, June 7**; forms submitted after this date will not be accepted. **NOTE: One form should be submitted per request; this will help us keep better track of different set-up requirements and attendee headcounts.**

Once space has been assigned, the 340B Coalition will add the appropriate fee to your company's exhibit account and will introduce you to an events specialist at the hotel that will help with logistics (see disclaimer below for more information). Note that these function spaces are for client meetings and/or receptions; if you are interested in showing a demo, please contact [Lee-Anne Gabrielli](#). For additional questions and/or information, please contact Carla Williams (carla.williams@340bhealth.org or 202-552-5854).

FEES: PER-ROOM PER-DAY* (does not include hotel rental fees)

- 1-25 attendees: \$500
- 26-100 attendees: \$1,000
- 101-500 attendees: \$1,500
- 501-1,000 attendees: \$2,000

*Per 340B Health's partnership benefits, the following levels will receive a discount: Pinnacle, Diamond, and Platinum.

Disclaimer: By submitting this form, the requestor understands that this event may not be approved should it be in conflict with a 340B Coalition Conference function. Meeting space will be assigned in the order in which the request was received and based on availability. All expenses associated with the event are the sole responsibility of the company listed, not the 340B Coalition. The 340B Coalition does not have any control over additional meeting room rental fees, set-up fees, labor contracts, food & beverage and audio/visual prices, as well as other costs associated with the hotel. Each company is responsible for their own marketing of the event, onsite event signage/directionals, and logistics.

DATE OF REQUEST: _____

CONTACT INFORMATION

Name: _____

Company: _____

Phone: _____

Email: _____

EVENT INFORMATION

Event Name: _____

Event Date: _____

Start Time: _____ End Time: _____

Number of Attendees: _____

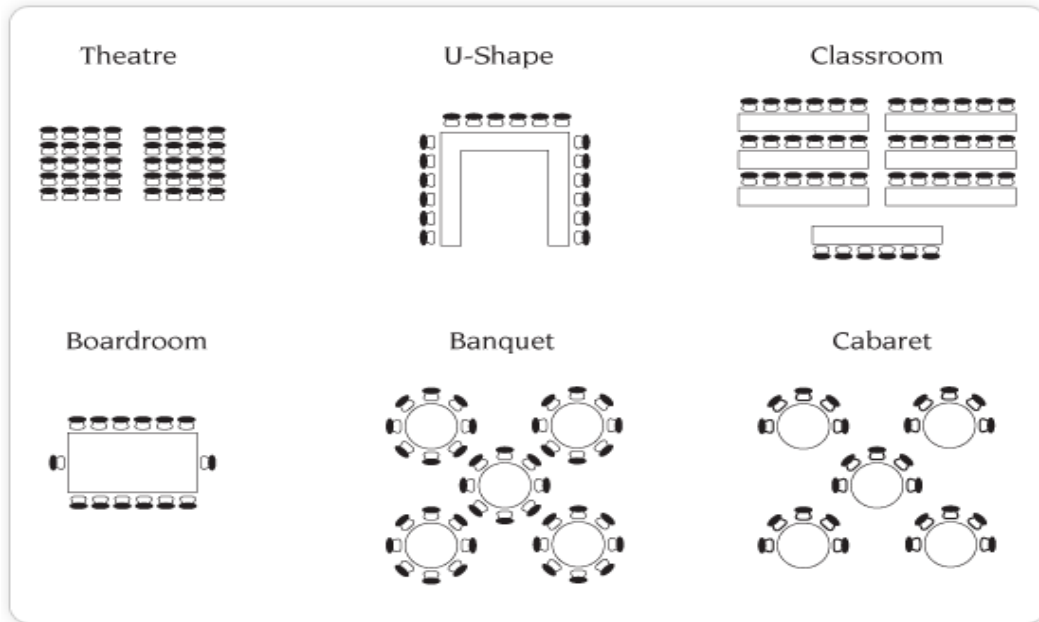
Audio Visual Required: YES _____ NO _____

Food & Beverage Required: YES _____ NO _____

EVENT TYPE/SET-UP (see image below)

Set-up Type (select one): Theater ____ Classroom/Schoolroom ____
Reception ____ U-Shape ____
Boardroom ____ Banquet Rounds ____

Other Special Requests



Internal Use:

Event Space Assigned: _____