

# Hospitality Suite Request Form



AMERICAN ACADEMY OF ALLERGY, ASTHMA & IMMUNOLOGY  
**NEW ORLEANS**  
FEBRUARY 26 - MARCH 2 2010 ANNUAL MEETING

## 1. Organization/Contact Information:

Organization _____	
Contact Person _____	Title _____
Address _____	
City _____	State _____
Zip/Postal Code _____	Country _____
Phone _____	Fax _____
E-mail _____	

## 2. Suite Criteria:

Suite to accommodate function(s) for \_\_\_\_\_ people.

Preferred Hotel: \_\_\_\_\_

Dates Requested: Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

Special Requests: \_\_\_\_\_

\_\_\_\_\_

## 3. Signature of Agreement:

This form is used only to make requests for hospitality suites. A housing representative will contact you to confirm possible suite arrangements. Because of great demand for hospitality suites at AAAAI Annual Meeting properties, these requests will be handled on a strict first-come, first-served basis. Completion of this form in no way guarantees availability or release of desired suite.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Please return this request form to:

American Academy of Allergy, Asthma & Immunology (AAAAI)  
Attn: Meetings Team  
555 East Wells Street, Suite 1100  
Milwaukee, WI 53202-3823  
Phone: (414) 272-6071  
Fax: (414) 272-6070  
E-mail: [annualmeeting@aaaai.org](mailto:annualmeeting@aaaai.org)