



Function Space Request Form

American Society of Retina Specialists 28th Annual Meeting
August 28–September 1, 2010
Vancouver, BC, Canada

PLEASE PRINT CLEARLY.

Contact name

Company name

Company address

Phone

Fax

E-mail

Preferred date and time for event

Number of people expected to attend event

Type of attendees for this event (e.g., physicians, company personnel)

Function type (e.g., reception, meeting)

A confirmation email will be sent upon receipt of this form.

RETURN COMPLETED FORM TO:

Medical Conference Planners, Inc.

FAX: 914-931-1664

QUESTIONS?

Phone 914-722-0664

asrsvancouver@medconfs.com