



# Function Space Request Form

American Society of Retina Specialists 26th Annual Meeting  
October 11–15, 2008 • Grand Wailea Resort Hotel & Spa • Maui, Hawaii

PLEASE PRINT CLEARLY.

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Contact name

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Company name

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Company address

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Phone

Fax

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E-mail

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Preferred date and time for event

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Number of people expected to attend event

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

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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:** 914-722-0465 or

**EMAIL:** [asrshawaii@medconfs.com](mailto:asrshawaii@medconfs.com)

**QUESTIONS?**

Phone 914-722-0664

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