



Function Space Request Form

Retina Congress 2009 New York

A Combined Meeting of the

American Society of Retina Specialists, The Macula Society, and The Retina Society
September 30 - October 4, 2009 • Sheraton New York Hotel & Towers • New York City, NY

PLEASE PRINT CLEARLY

Contact Name

Company name

Company address

Phone

Fax

Email

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

EMAIL: retinacongress@medconfs.com

QUESTIONS?

PHONE: 914-722-0664

EMAIL: retinacongress@medconfs.com