



PRIVATE MEETING SPACE REQUEST

Important Note: Once this form is completed and returned, a quote to reserve the space will be provided to contact listed below. View the Sponsorship & Visibility brochure for more details and pricing.

Meeting Space Contact Information

Name: _____

Job Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Private Meeting Selection

Please note dates and times space is needed: _____

Please note amount of people: _____

Please note if food/beverage and/or A/V is needed: _____

Payment Information

Please check appropriate method of payment:

Check Enclosed Check Number: _____

American Express Visa MasterCard

Card Number: _____ Exp. Date: _____

Name on Card: _____

Signature: _____

**Fax form to Catherine McDonald at 202.331.1969 or email
mcdonaldc@personalcarecouncil.org**