



PHX
SLA 2017

2017 ANNUAL CONFERENCE

JUNE 16-20 • PHOENIX, ARIZONA

SLA 2017 Exhibitor Meeting Room Request Form

This is a meeting room request form. Please complete all requested information. Failure to provide full and accurate information will delay the processing of your meeting room request.

SLA will confirm your meeting day and time upon receipt of your completed form. **Deadline to submit request form April 26, 2017.**
(based on availability)

Company Information

Contact Name _____
Company _____
Address _____
City _____ State/Province _____
Zip/Postal Code _____ Country _____
Telephone _____ Mobile _____
Email _____
Onsite Contact (if different than above) _____
Onsite Telephone _____

Room Availability Schedule (*SLA will advise confirmed time)

Sunday, June 18	Monday, June 19	Tuesday, June 20
7:30 a.m. – 8:30 a.m.	7:30 a.m. – 8:30 a.m.	7:30 a.m. – 8:30 a.m.
8:30 a.m. – 9:30 a.m.	8:30 a.m. – 9:30 a.m.	8:30 a.m. – 9:30 a.m.
10:30 a.m. – 11:30 a.m.	10:30 a.m. – 11:30 a.m.	10:00 a.m. – 11:00 p.m.
2:00 p.m. – 3:00 p.m.	1:30 p.m. – 2:30 p.m.	1:30 p.m. – 2:30 p.m.
3:00 p.m. – 4:00 p.m.	3:30 p.m. – 4:30 p.m.	
4:00 p.m. – 5:00 p.m.	4:30 p.m. – 5:30 p.m.	

1st Choice (Day & Time) _____
2nd Choice (Day & Time) _____
3rd Choice (Day & Time) _____

Meeting Room Fees

- Staff Meeting-60 Min \$1200
 Staff Meeting-30 Min \$700

Locations

Phoenix Convention Center
Phoenix Convention Center

Non-Conflict Times*

Sunday, June 18	Monday, June 19	Tuesday, June 20
10:30 a.m. - 12:00 p.m. (Opening General Session)	12:30 p.m. - 1:30 p.m. (INFO-EXPO Ice Cream Social)	11:30 a.m. - 1:30 p.m. (Networking Lunch & Competition in The Park)
12:00 p.m. - 2:00 p.m. (Lunch in the INFO-EXPO)		
5:30 p.m. - 7:00 p.m. (INFO-EXPO Opening Reception)		

Total Amount Enclosed/Payment

Please enter the total amount for meeting space request. Fees are payable in U.S. dollars only.

Meeting Room Subtotal \$ _____
Total Amount Enclosed \$ _____

Payment Options

Accepted payment options are American Express, MasterCard, and VISA.

E-mail your completed form to industrypartners@sla.org or call 703.647.4900 with questions.

Charge my:

American Express MasterCard Visa

Card Number _____
Exp. Date (MM/YY) _____
Name on Card _____
CVV _____
Billing Address _____
Signature _____
Date _____