

Company Name or Organization:\* \_\_\_\_\_

Mailing Address:\* \_\_\_\_\_

City\* \_\_\_\_\_ State:\* \_\_\_\_\_

Postal Code:\* \_\_\_\_\_

**Point of Contact:**

Title: \_\_\_\_\_

Name:\* \_\_\_\_\_

E-Mail\* \_\_\_\_\_

Business Phone:\* \_\_\_\_\_

Business Fax: \_\_\_\_\_

**Alternate Contact:**

Title: \_\_\_\_\_

Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Fax: \_\_\_\_\_

How did you hear about INTEGRESS? \_\_\_\_\_

**What type of meeting or event?**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Advisory Board Meeting | <input type="checkbox"/> Government                                  | <input type="checkbox"/> Product Launch  |
| <input type="checkbox"/> Association            | <input type="checkbox"/> Healthcare/Medical                          | <input type="checkbox"/> Speaker Program |
| <input type="checkbox"/> Continuing Education   | <input type="checkbox"/> Incentive Program                           |  |
| <input type="checkbox"/> Corporate Meeting      | <input type="checkbox"/> International Symposium/Satellite Symposium |  |
| <input type="checkbox"/> Exhibition/Trade Show  | <input type="checkbox"/> Investigator Meeting                        |  |
| <input type="checkbox"/> FDA                    | <input type="checkbox"/> Pharmaceutical                              |  |

**If Exhibition/Trade Show, for what industry:**

- |   |   |
|---|---|
| <input type="checkbox"/> Association              | <input type="checkbox"/> Nonprofit      |
| <input type="checkbox"/> Government               | <input type="checkbox"/> Other          |
| <input type="checkbox"/> Healthcare & Medical     | <input type="checkbox"/> Pharmaceutical |
| <input type="checkbox"/> Manufacturing/Industrial |   |

If Exhibition/Trade Show, number of Exhibits: \_\_\_\_\_

Meeting Rooms?  Yes  No

If yes, number of breakouts: \_\_\_\_\_

### Location Preferences:

Region: \_\_\_\_\_

Country: \_\_\_\_\_

State/Province: \_\_\_\_\_

City: \_\_\_\_\_

When are you planning your meeting or event? Month: \_\_\_\_\_ Year: \_\_\_\_\_

Number of Attendees: \_\_\_\_\_

Hotel Accommodations:  Yes  No If yes - how many rooms: \_\_\_\_\_

Air Travel:  Yes  No If yes - for how many people: \_\_\_\_\_

Transportation Services:  Yes  No If yes - what type? \_\_\_\_\_

### Event Pattern Preferred:

Arrival Day: \_\_\_\_\_ Departure Day: \_\_\_\_\_

Food & Beverage arrangements:

Banquet  Dinner  Reception

Breakfast  Lunch

Breaks  Other

Would you like help booking Events and Entertainment:  Yes  No

If yes please choose:

Children programs  Special Events  Tours

Golf  Spouse programs

Shopping  Team Building

### Customized Request:

What else can we do to help?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_