



THE ASSOCIATION OF FISH AND WILDLIFE AGENCIES ANNUAL MEETING
Sunday, September 7 through Thursday, September 11, 2008
Saratoga Springs, New York

Related Meeting Request Instructions

- ❖ Meeting room space is limited; available rooms will be assigned on a first-come-first-served basis. If other meetings that must be avoided are identified, at least one alternative meeting date must be indicated. Also, avoidance of conflicts cannot be assured for meetings requested after ***May 9th***. We will be placing most meetings in permanently set rooms, to minimize hasty and disruptive turnovers, so most meetings will be somewhat overset. Every effort will be made to accommodate all meeting/function setups as requested, but priority will be given to meetings and functions requested by May 9th. **SPACE IS VERY LIMITED THIS YEAR, AND WE MAY BE USING ADJACENT FACILITIES TO ACCOMMODATE NON-ASSOCIATION MEETINGS.**
- ❖ After a meeting/function room has been assigned, you will be able to view the entire schedule and full program information at WWW.FISHWILDLIFE.ORG in late May.
- ❖ Please also note that ***all related meeting participants must pre-register*** for the Conference on-line starting in May. Please advise all meeting/function members of this circumstance.
- ❖ Events involving food and beverage will be coordinated directly with the hotel, but initial space reservations must be made through Delaney Meeting & Event Management.
- ❖ Please respond to this notice on related meetings ***by May 9th*** if you are planning a meeting, reception or other event. Delaney Meeting & Event Management will be coordinating the schedule: **Fax to:** 802-865-8066
Email to: cindy@delaneymeetingevent.com.
For questions, call: 802-865-5202



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Related Meeting Request Form

Name of meeting (as you want it to appear in the final program): _____

Contact Name: _____

Organization: _____

Mailing address: _____

City, State Zip: _____

Phone #: _____ Fax #: _____

E-mail address: _____

Name and phone number of person in charge of the meeting or function:

(if different than requestor) _____

1st preferred meeting/function date _____ and time _____

2nd preferred meeting/function date _____ and time _____

Estimated *maximum* length of time of meeting/function _____

Estimated *realistic* attendance _____

Please check box if the meeting/function is *not* to be listed in the printed program and/or posted by the meeting facility

Please check box if the meeting/function is "by invitation only"

Identify any likely meetings/functions that *must not conflict* *

Room set-up

Preferred seating (check one)

_____ Theater style with standing podium

_____ Theater style with head table for (#) _____ people

_____ Boardroom style for (#) _____ people, with peripheral seating for (#) _____ people

_____ Hollow square or rectangle style for (#) _____ people, with peripheral seating for (#) _____ people

_____ U-shaped style for (#) _____ people, with peripheral seating for (#) _____ people

_____ Other (please describe) _____