



ASSOCIATION *of*  
FISH & WILDLIFE  
AGENCIES

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**THE ASSOCIATION OF FISH AND WILDLIFE AGENCIES ANNUAL MEETING**

Sunday, September 26 through Wednesday, September 29, 2010

Amway Grand Hotel, Grand Rapids, Michigan

**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 June 1<sup>st</sup>. 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 June 1<sup>st</sup>. **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](http://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 June 1<sup>st</sup>*** 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](mailto: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) \_\_\_\_\_

1<sup>st</sup> preferred meeting/function date \_\_\_\_\_ and time \_\_\_\_\_

2<sup>nd</sup> 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) \_\_\_\_\_