

SUBMISSIONS NOW BEING ACCEPTED
GLOBAL CHALLENGES, NEW PERSPECTIVES
HYATT REGENCY HOTEL & ALBUQUERQUE
CONVENTION CENTER, ALBUQUERQUE, NM
NOVEMBER 6-8, 2014



ASSOCIATION FOR
PUBLIC POLICY ANALYSIS
& MANAGEMENT

APPAM Institutional Member Affiliate Receptions

The 2014 APPAM Fall Research Conference will be held Thursday – Saturday, November 6 - 8 at the Hyatt Regency Hotel and Albuquerque Convention Center.

If your institution intends to host a reception or meeting during the conference and would like to utilize space in the Hyatt or Albuquerque Convention Center, please be aware the process for reserving this space has changed. APPAM will arrange all room set up, catering, and AV orders with the hotel and convention center and will assign space for each group, based on expected attendance and order of request. If your institution plans on holding a reception, please be aware that space will only be available on Friday, November 7th. APPAM holds its own Welcome Reception on Thursday, November 6th and will not assign any space opposite that event.



IMPORTANT: To reserve space for an affiliate reception, please fill out the attached form and return to Jocelyn Mason at jmason@appam.org. If you have questions, you can reach Jocelyn at 202.496.0130, ext. 203. Please submit your form by July 30th. Space will be assigned after the deadline and communicated to you for marketing purposes. Should the size of your event change, APPAM reserves the right to reassign your event to a room that is closer to expected attendance, based on final RSVP numbers.

- **Receptions on Friday, November 7:** The APPAM Presidential Address is on Friday from 4:45 – 5:45 pm and is followed by the Presidential Reception from 5:45 – 7:30 pm. These events will be held at the Albuquerque Convention Center. We will assign space for affiliate receptions at the Hyatt Hotel first, unless otherwise requested. Receptions CANNOT begin before 6:00 pm.
- As mentioned above, all room set up, catering, and AV orders will be placed through APPAM. You will be sent menus with a request for your food and beverage order once you room has been assigned. **All food and beverage, and AV orders must be submitted directly to APPAM by September 15th.** All billing will be handled by APPAM.
- You will receive a cost estimate for your reception after your food and beverage order has been placed. We will require that you provide a credit card number when the order is placed. An estimate of charges will be sent to you; **you will then be expected to provide payment by check or credit card by October 30th.** The provided credit card will be charged for the estimated charges by October 30, if you do not pay the estimated charge by check. If your final bill is higher than the prepaid charges because of onsite additions or higher than anticipated bar charges, we will bill you after the event. If the additional charges are not paid by Friday, November 21st, the provided credit card will be charged for the difference.
- APPAM will print an announcement of your reception for free in the final conference program book, as long as you grant permission on the provided form. This is a service we offer only for APPAM institutional members.
- **Important Dates to Remember**
 - Order food, beverage, and AV through APPAM: September 15th
 - Payment for estimated charges due: October 30th
 - Payment for additional onsite charges, if any due: November 21st

AFFILIATE RECEPTION FORM

I. CONTACT INFORMATION

Contact Name: _____

Name of Institution/Organization: _____

Mailing Address: _____

Website Address: _____

E-mail Address: _____

Phone Number: _____ Fax: _____

II. RECEPTION INFORMATION

Affiliate receptions are ONLY to be held on Friday, November 7; beginning at or after 6:00 pm.

Time/duration of reception: _____

Estimate # of attendees: _____

Reception Format: (plated dinner, cocktail reception, buffet, etc.): _____

Audio Visual: _____

Do you want your event published in the program?: Yes No

Special requests/important notes: _____

III. PAYMENT INFORMATION

Please provide credit card information with this completed contract. Reservations WILL NOT be accepted without credit card information.

Name on credit card: _____

I will send a check. I understand my credit card will be charged if payment is not received by October 30, 2014.

Payment Type: American Express MasterCard Visa Check

Note: Checks must be received in the APPAM office by October 30, 2014

Credit Card Number: _____

Billing Address: _____

Expiration Date: _____ Security Code: _____

Signature: _____

Please return this completed form to Jocelyn Mason at jmason@appam.org.