



American Academy of Periodontology 106th Annual Meeting
October 31 - November 3, 2020
Honolulu, Hawaii

EXHIBITOR FUNCTIONS MEMO

Exhibitor-sponsored private functions are separately organized events during which exhibitors can meet with American Academy of Periodontology (AAP) participants outside of the exhibition hall to network, entertain, and continue business started on the exhibit floor.

Exhibitors sponsoring any type of private function are required to adhere to the following guidelines:

- The AAP must be informed of all planned functions. Exhibiting companies must complete the "Exhibitor Function Reservation Form" and submit it to the AAP for space approval.
- Exhibiting companies must clarify that their events are not official AAP functions.
- Host companies agree to assume all liability for their functions.
- Exhibitors will assume all costs associated with their functions, e.g., food and beverage, audio-visual, room rental, etc.
- No functions can be held opposite an AAP-sponsored event. Functions are allowed only during the following program-free hours:
 - Friday, October 30 8:00 am - 3:00 pm, 5:00 pm - 11:59 pm
 - Saturday, October 31 7:00 pm - 11:59 pm
 - Sunday, November 1 6:30 pm - 11:59 pm
 - Monday, November 2 4:00 pm - 11:59 pm
(Requests for Monday evening will not be processed until July 1, 2020, to allow for the placement of alumni events.)
 - Tuesday, November 3 3:00 pm - 11:59 pm
- Exhibitors requiring space for staff meetings should indicate their desired dates and times regardless of the program-free hours listed above.
- Please complete this form for any Annual Meeting event even if it is to be held prior to Saturday, October 31. For best availability, return this form no later than August 14, 2020.

Note: Non-exhibiting companies are prohibited from hosting functions at the AAP Annual Meeting.

If you have any questions, please contact Meeting Services via phone at 312-787-5518 or via email at events@perio.org.

EXHIBITOR FUNCTION RESERVATION FORM

Official Name of Function :

Function Day/Date: _____

Function Start Time: _____

Function End Time: _____

Expected Attendance: _____

Type of Function:

- Reception
- Dinner
- Business Meeting
- Seminar
- Other _____

Desired Location:

- Hilton Hawaiian Village (headquarters hotel)
- On own (please specify venue):

Hawai'i Convention Center
NOTE: Rooms at the Hawai'i Convention Center are available on a limited basis.

Room Set:

- Reception-style (cocktail tables and bar)
- Banquet-style (rounds of 10)
- Theater-style (rows of chairs)
- Conference-style (one large table)
- Other _____

Food and Beverage Requirements:

- Breakfast (buffet, plated, continental)
- Beverage break (hot, cold, hot & cold)
- Lunch (buffet, plated, boxed)
- Cocktail reception (hors d'oeuvres/drinks)
- Dinner (buffet, plated)

Audio-Visual Equipment Requirements:

- None
- Podium
- Podium microphone
- LCD projection package (for PowerPoint) with screen
- Flatscreen
- Other _____

Name and address of individual to whom reservation information should be sent:

PLEASE PRINT

Name: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Return completed form to:
AAP Meeting Services
American Academy of Periodontology
737 N. Michigan Avenue, Suite 800
Chicago, IL 60611-6660
Phone: 312-787-5518 / Fax: 312-573-3225
Email: events@perio.org