

## Pediatric Hospital Medicine 2017 (HM17) Ancillary Meetings Information

PHM 2017 will be held July 20 – 23, 2017 at the Omni Nashville in Nashville, TN. The PHM 2017 Planning Committee values each of its partners, encourages networking and fosters the growth of specific areas for pre-meeting courses. PHM 2017 is jointly sponsored by the Society of Hospital Medicine (SHM), the American Academy of Pediatrics (AAP), the AAP Section on Hospital Medicine (SOHM) and the Academic Pediatric Association (APA) and is being hosted by SHM.

SHM asks that affiliated organizations interested in hosting any type of ancillary meeting associated with PHM 2017, hold their events outside of the prescribed PHM 2017 educational schedule. If your company, group, and/or committee is interested in hosting an event at the Omni Nashville, please review the below information.

Utilize this form if you would like to arrange meeting space for any of the following types of ancillary meetings; pre-course, special interest group, committee meeting, section meeting, reception/dinner, workgroup, other (you will be asked to specify type of event).

### AFFILIATE EVENTS GUIDELINES

1. SHM requests that the event is hosted outside of the prescribed PHM 2017 educational schedule. Suggested times in which to host your event are list below for convenience.
2. An ancillary meetings form should be submitted to the PHM 2017 Education Project Manager (Samantha Regosch) for consideration and delegation of space at Omni Nashville.
3. All ancillary meeting forms should be completed in full for consideration.
  - a. Please designate if you are looking for a meeting room, restaurant, or hospitality suite setting.
4. If space is designated at the Omni Nashville, the space may only be utilized by the submitting affiliate organization and the space cannot be passed to, or shared with, other organizations.
5. The affiliate organization will be held fully responsible for all financial charges associated with the meeting space designated to the organization (F&B, AV, etc.).
6. SHM asks that affiliate organizations utilize the preferred vendors for PHM 2017.

### SUGGESTED EVENT TIMES

Prior to Thursday, July 20, 2017 – Anytime (limited space availability)

Thursday, July 20, 2017 – 6:00 a.m. – 12:45 p.m. and after 5:30 p.m.

Friday, July 21, 2017 – 6:00 a.m. - 8:00 a.m. and 7:30 p.m. – 11:30 p.m.

Saturday, July 22, 2017 – 6:00 a.m. - 7:30 a.m. and 7:00 p.m. – 11:30 p.m.

Sunday, July 23, 2017 – 6:00 a.m. - 7:50 a.m. and 1:00 p.m. – 6:00 pm.

After July 23, 2017 – Anytime (limited space availability)

### EVENT STEPS

1. Review the above guidelines and suggested event times.
2. Complete the affiliate event form (next page) and submit electronically to the SHM Meetings & Education Department at [sregosch@hospitalmedicine.org](mailto:sregosch@hospitalmedicine.org) or by fax to 267-535-2911 with attention to Samantha Regosch.
3. Allow up to 5 business days for the SHM Meetings & Education department to review your request.

Once review of your request has been completed, you will receive the following:

1. Confirmation along with approval or declination of your request.
  - a. Upon approval: a hotel or restaurant contact from Omni Nashville and contact information for SHM's preferred vendors.
2. Designated meeting space/hospitality suite/restaurant space and any terms associated with the space.

Questions? Please contact Samantha Regosch, Meetings and Education Project Manager at 267-702-2673 or by email at [sregosch@hospitalmedicine.org](mailto:sregosch@hospitalmedicine.org).

# PHM 2017 Affiliated Organization Ancillary Meeting Space Request Form

## AFFILIATE ORGANIZATION INFORMATION:

Affiliate Organization, Committee, Section, Workgroup, Exhibitor or Sponsor Company Name:

---

Event Contact Information:

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

Email\*: \_\_\_\_\_

Telephone Number\*: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Please note the following prescribed times for the meeting types below:

Invite Only Committee/Section meetings - Thursday, July 20, 2017, 5:30 – 6:30 p.m.

Affiliated Group Meetings (open to all) ex. open committee/section meetings – Friday, July 21, 2017, 7:30 – 8:30 a.m.

Special Interest Groups and Workgroups (open to all) – Friday, July 21, 2017, 4:15 – 5:30 p.m.

## MEETING INFORMATION:

Number of attendees anticipated: \_\_\_\_\_

Type of Event (select one):

- |   |   |
|---|---|
| <input type="checkbox"/> Committee/Section Meeting (Invite Only)            | <input type="checkbox"/> Committee/Section Meeting (Open Event)           |
| <input type="checkbox"/> Special Interest Group or Workgroup (Invite Only)  | <input type="checkbox"/> Special Interest Group or Workgroup (Open Event) |
| <input type="checkbox"/> Reception/Dinner (Invite Only)                     | <input type="checkbox"/> Reception/Dinner (Open Event)                    |
| <input type="checkbox"/> Business Meeting (Invite Only – Sponsor/Exhibitor) |   |

Event Purpose: \_\_\_\_\_

Event Date: \_\_\_\_\_

Event Time: \_\_\_\_\_

Desired Event Venue (select one):

- |   |  |
|---|--|
| <input type="checkbox"/> Meeting Room (convention center) | <input type="checkbox"/> Restaurant                      |
| <input type="checkbox"/> Hospitality Suite                | <input type="checkbox"/> Other (please designate): _____ |

Desired Room Setup:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Conference Style | <input type="checkbox"/> Theater Style   | <input type="checkbox"/> Crescent Rounds                   |
| <input type="checkbox"/> Hollow Square    | <input type="checkbox"/> U-Shape         | <input type="checkbox"/> Rounds of 8 or 10 (Banquet Style) |
| <input type="checkbox"/> School Room      | <input type="checkbox"/> Chevron Theater | <input type="checkbox"/> Cocktail Rounds                   |

Additional Items Needed:

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Stage/Riser | <input type="checkbox"/> Standing Lectern              |
| <input type="checkbox"/> AV Required | <input type="checkbox"/> Head Table; # of people _____ |

## FOOD AND BEVERAGE REQUIREMENTS:

- |                                      |                                |  |   |
|--------------------------------------|--------------------------------|--|---|
| <input type="checkbox"/> Breakfast   | <input type="checkbox"/> Lunch | <input type="checkbox"/> Dinner                                    | <input type="checkbox"/> Cocktails & hors d'oeuvres |
| <input type="checkbox"/> Snack Items | <input type="checkbox"/> Other | <input type="checkbox"/> Not applicable, event doesn't require F&B |   |

---

All request forms should be submitted to Samantha Regosch, PHM 2017 Education Project Manager at [sregosch@hospitalmedicine.org](mailto:sregosch@hospitalmedicine.org) or by fax to 267-535-2911. A confirmation email will be sent to the main contact upon receipt of the request. If booking space through SHM, please note that preferences requested above are not guaranteed. SHM reserves the right to arrange meeting space as necessary and will contact you if your exact preferences cannot be met.