MEETING ROOM REQUEST FORM – ATLANTA

Club
February 27-29, 2020
COBB GALLERIA CENTRE
2 Galleria Pkwy * Atlanta, Georgia 30339

PLEASE COMPLETE AND RETURN THIS FORM FOR YOUR MEETING
Club must be an active ANA member to receive complimentary meeting space. Form must be received by December 13 to guarantee listing in the Show Guide.

MEETING INFORMATION
Club Name: ________________________________ Contact: ________________________________

First Choice
Day __________________________
Date __________________________
Time __________________________

Second Choice
Day __________________________
Date __________________________
Time __________________________

PREFERENCES
All meetings will be held in the convention center unless otherwise noted
Listed in Show Program: _______Yes _______No
Duration: ___________________________ Expected Attendance: ___________________________
Purpose: ___________________________ (General, board mtg, seminar, etc.)
Seating Style: ___________________________ (theatre or seminar: seating style not guaranteed, based on what is available)
Head table/how many? ____________

Do you require? (The ANA will provide ONE screen in your Meeting Room at no charge. All food and beverage as well as any additional audio visual are at the organization’s expense. If YES, you will be provided the catering and audio visual contact information)
Screen Requested: yes___ no___ A/V: yes___ no___ Food & Beverage: yes___ no___

Special Instructions: _________________________________________________________________

Person making arrangements: ________________________________________________________

CONTACT INFORMATION
Club Name: ________________________________
Club ANA Member #: ________________________________ Contact: ________________________________
Address: ________________________________ C/S/Z __________
Phone: ________________________________ Fax: ________________________________ Email: ________________________________

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