



ANCILLARY FUNCTION REQUEST FORM

International Society of Hair Restoration Surgery

22nd Annual Scientific Meeting • October 8-11, 2014 • Shangri-la Hotel Kuala Lumpur

Instructions: Please complete this form and return it to: ISHRS, 303 West State Street, Geneva, IL 60134, USA; or via fax: 1-630-262-1520; or via e-mail info@ishrs.org by **August 1, 2014**.

Questions? Please contact Jule Uddfolk, CMP, ISHRS Meeting & Exhibits Manager juddfolk@ishrs.org.

POLICY ON ISHRS ANCILLARY FUNCTIONS – PLEASE READ CAREFULLY:

The ISHRS approval, which may be granted or denied by the ISHRS at its sole discretion, is required for all exhibitor-sponsored ancillary functions. Requests for such activities must be submitted in writing via the Ancillary Function Request Form to the ISHRS Meeting & Exhibits Manager by August 1, 2014. The request must specify date, time, location, type of function and anticipated attendance. Ancillary functions will only be approved for times that are not in competition with the ISHRS program, in the sole opinion of the ISHRS. The ISHRS is not holding meeting rooms at the Shangri-la Hotel Kuala Lumpur for exhibitor use. The exhibiting company must secure their own meeting/function space, whether it be at the Shangri-la Hotel Kuala Lumpur or elsewhere, and pay any and all required fees and costs directly. If it is determined that an unapproved ancillary function of any sort has taken place or is scheduled to take place, the ISHRS may deny the exhibitor space installation or access to the exhibit area, close or remove the exhibitor's exhibit space, prohibit the exhibitor's participation in future Annual Scientific Meetings, or take such actions as the ISHRS, in its sole discretion, deems appropriate.

The allowed ancillary timeslots below are not exclusive – there may be more than one exhibiting company hosting ancillary functions during any given time period.

The ISHRS will communicate approval or denial of all ancillary function requests by **August 1, 2014**.

INDICATE YOUR 1ST AND 2ND CHOICES FOR EXHIBITOR ANCILLARY FUNCTIONS:

___ Tuesday, October 7, 2014, 5:00PM-10:00PM specify your requested time: _____

___ Wednesday, October 8, 2014, 6:00PM-10:00PM specify your requested time: _____

Today's Date: _____

Company Name: _____

Description of Ancillary Function: _____

Guests: _____ Planned Location: _____

Ancillary Function Contact Name: _____

E-mail: _____ Phone: _____

Return form to:

International Society of Hair Restoration Surgery
303 West State Street, Geneva, IL 60134, USA
Fax: 1-630-262-1520
info@ishrs.org

by **August 1, 2014**