



ANCILLARY FUNCTION REQUEST FORM

International Society of Hair Restoration Surgery

25th World Congress • October 4-7, 2017 • Prague Congress Centre, Prague, Czech Republic

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 4, 2017.

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

POLICY ON ISHRS ANCILLARY FUNCTIONS – PLEASE READ CAREFULLY:

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 Meetings & Exhibits Manager by the date indicated. 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 or Satellite Symposia, in the sole opinion of the ISHRS. The allowed ancillary timeslots are not exclusive. There may be more than one exhibiting company hosting ancillary functions during any given time period. The ISHRS is not holding meeting rooms at the Prague Congress Centre or Corinthia Hotel for exhibitor use. The exhibiting company must secure its own meeting/function space, whether it be at the above listed properties 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 "Violation of Rules" section will be enforced.

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.

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

___ Tuesday, October 3, 2017, 4:00PM-11:00PM specify your requested time: _____

___ Thursday, October 5, 2017, 8:00PM-11:00PM specify your requested time: _____

___ Friday, October 6, 2017, 8:30PM-11:00PM specify your requested time: _____

___ Sunday, October 8, 2017, 9:00AM-12:00PM 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 **by August 4, 2017**, to:

International Society of Hair Restoration Surgery
303 West State Street, Geneva, IL 60134, USA
Via email: info@ishrs.org