

### MEETING ROOM AVAILABILITY

Meeting space will be assigned on a first-come, first-served basis. A non-refundable application fee must be received before the meeting room request is processed. All companies agree to abide by the “Meeting Room Rules and Regulations”.

### MEETING ROOM RENTAL

**Hotel Meeting Space** – Please select your preferred hotel. Every effort will be made to book meeting space at your preferred location. The hotel will contact you directly to contract meeting space.

**Meeting Application Fee** – A \$150 fee per day/per meeting is required before space will be assigned.

### MEETING ROOM RULES & REGULATIONS

1. All companies applying for a meeting room must have a separate exhibit booth at ACG 2025; however, there is no minimum size requirement.
2. Meeting rooms are intended to be used for staff meetings and/or client conferences. The American College of Gastroenterology asks that you limit the number of HCPs to 25 while the ACG educational sessions are in progress.
3. Meeting rooms cannot be utilized for educational sessions. Companies must secure an Exhibitor Product Theater or symposium time slot for educational programs.
4. The exhibitor is responsible for the ordering and payment of all furniture, AV equipment, services, food and beverage and other rentals for the meeting room. All orders made through the hotel or convention center for the meeting room(s) are the sole responsibility of the exhibitor.
5. The subletting, assignment, or apportionment of the whole or of any part of space by any exhibitor is prohibited. No exhibitor may permit any other party to exhibit or meet in his or her meeting space any goods other than those manufactured or handled by the contract exhibitor or permit the solicitation of business by others within the space.
6. The safekeeping of the exhibitor's property shall remain the responsibility of the exhibitor. Exhibitors should not leave valuable materials or equipment in the meeting rooms when no one is present. If security is required in your meeting room during or after normal conference hours, you may contract directly with ACG's security contractor for that service.
7. Any booth cancellation will automatically result in cancellation of the meeting room. Cancellation fees may apply.
8. The applicant agrees to abide by all rules and regulations, requirements and restrictions as set forth in the Exhibitor Rules & Regulations manual.
9. No video recording in meeting rooms, including by media, may be done without prior written permission from the ACG. Detailed description of what will be recorded along with information on where and when the recording will be displayed must accompany all requests. Failure to notify the College may result in penalties.
10. Failure to abide by these rules and regulations will result in the forfeiture of all monies paid.



# MEETING ROOM REQUEST FORM

Phoenix Convention Center

Phoenix, AZ

October 24-29, 2025

Exhibit Dates: October 26-28, 2025

## MEETING ROOM REQUEST FORM

Meeting space is reserved for exhibitors and fills quickly so please submit your request as early as possible.

Please fill out **one** form per meeting and return to Elaine McCubbin at [emccubbin@gi.org](mailto:emccubbin@gi.org)

### Company Information

This is Request # ..... of.....total meetings/events (*please submit a separate form for each meeting/event*)

Company Name ..... Contact Phone .....

Contact Name ..... Contact Email .....

### Payment Information

A \$150 fee per meeting room/per day (or fraction of a day) must be received before the application is processed. The application fee is non-refundable.

Accepted credit cards: Amex, MasterCard and Visa. **A service fee of 4% will be applied to each credit card payment).** A link to a secure credit card submission site will be provided once the application form has been received and approved.

Please list the Exhibiting Company Name (no third-party names) and indicate *Meeting Space* in the Payment Notes when entering payment through our secure payment [link](#).

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### Meeting Information (*please submit a separate form for each meeting/event*)

Meeting Name.....

Meeting Date.....

Start Time..... End Time.....

Number of Attendees.....Number of HCPs.....

Room Setup (*select one*)

☐ Conference ☐ Banquet ☐ Theater ☐ Classroom ☐ Reception ☐ Hollow Square ☐ U-Shape

Food and Beverage ☐ Yes ☐ No

Audio Visual ☐ Yes ☐ No

**Please mark your meeting room preference from 1-5 below:**

\_\_\_\_ Hyatt Regency

\_\_\_\_ Home2Suites

\_\_\_\_ Renaissance Downtown

\_\_\_\_ Moxy

\_\_\_\_ Westin Downtown

\_\_\_\_ Residence Inn

\_\_\_\_ AC Hotel

\_\_\_\_ Hilton Garden Inn

\_\_\_\_ Courtyard

\_\_\_\_ Hyatt Place

\_\_\_\_ Hampton Inn

Special Needs or Comments:

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