COUNCIL OF MEDICAL SPECIALTY SOCIETIES

Function & Meeting Space Approval Form

Submit completed forms to Mary Sanders at msanders@cmss.org.

Rules and Regulations

All onsite and offsite activities on Wednesday, November 18 – Friday, November 20, 2026, must be submitted for approval by submission of this **Function & Meeting Space Approval Form.** All requests will be approved on a first-come, first-served basis, determined by the date of the request. Any request received prior to August 1 will remain tentative pending the confirmation of the scheduled program of events.

Functions may not be scheduled to compete with the events of the CMSS Annual Meeting. No exceptions. Your request must be approved by CMSS prior to issuing any invitations.

You will be responsible for the organization of your function. Your session/function will be set as closely to your request as possible.

You are also responsible for any special charges, i.e. additional space rental, catering, audiovisual equipment, etc. Please note that per policy, no outside food or beverage is allowed in any meeting function. These policies are set by the hotel and/or convention center and are non-negotiable.

Promotion or notification of your activity is your responsibility. You may place a larger poster-type notice at the door of the function, but only during the scheduled time of the function and the 30 minutes before/after the event. Poster boards scattered throughout the hotel or convention center will not be allowed and will be removed.

Contact Information	
Contact Name	
Email	
Company/Organization Name	
Department	
Address	
City, State, Zip	
Phone	

Event Information:

Submission Date: _____

Purpose of Function:

☐ Advisory Meeting ☐ Reception/Networking Event ☐ Staff Meeting (Internal)

☐ Other: _____

COUNCIL OF MEDICAL SPECIALTY SOCIETIES

1. Function Name
Please provide the function name you intend to use for publications/signage, etc. – please be accurate.

_____

2. Industry Partner/Host Organization
If applicable, please provide the name of the Industry Partner or Host Organization

_____

3. Preferred Day, Date, and Location
If available, please review the program schedule before listing your choices. Social functions *may not conflict* with the CMSS program.

Day: _____ Date: ___/____/2026 Beginning Time: _____ Ending Time: _____

If you would prefer a specific location or room type, please indicate it here:

_____

If your event will be held offsite, please list the venue here:

_____

4. Additional Information

Expected Attendance Count: _____ Room Set-Up Request: _____

Food and Beverage Services: ☐ Yes ☐ No Audio Visual Equipment: ☐ Yes ☐ No

On-Site Meeting Contact Name: _____ Cell Phone: _____

Brief Description of Event

_____

_____

_____

Cancellation Policy
In the event the Host Organization decides to cancel the agreement after acceptance but prior to the event, written notification must be sent to CMSS by November 1, 2026. Notification after November 1 may incur a cost to the Host Organization for the room and/or any other arranged services provided for the function.

To submit form, email Mary Sanders, Industry Relations Manager, at msanders@cmss.org.

OFFICE USE ONLY

Space Provided: ☐ Yes ☐ No Venue: _____ Room Location: _____

Date: ___ / ___ / 2026 Time: _____