

February 1-5 **2012**
BMT Tandem Meetings
Manchester Grand Hyatt • San Diego, California

Scientific Program Co-chairs: Stella Davies, MBBS, PhD and John E. Levine, MD, MS

GUIDELINES FOR ANCILLARY MEETINGS

BMT Tandem Meetings offers an ideal opportunity for supporting organizations to hold an ancillary meeting during the annual conference. Applications may be made by submitting the BMT Tandem Meetings Ancillary Meeting Request Form, no later than two weeks prior to the official start date of the BMT Tandem Meetings. Early requests are appreciated and are more likely to receive preferred space and time. A \$100 application fee must accompany each request.

Types of ancillary meetings typically approved by BMT Tandem Meetings include advisory board meetings, investigator meetings, internal sales or business meetings, non-profit organization business meetings, and hosted receptions. Each ancillary meeting requires submission of a separate Ancillary Meeting Application and Agreement Form and each must be granted approval.

Ancillary meetings are not developed, sponsored, planned or managed by BMT Tandem Meetings and may not be promoted in any way as BMT Tandem Meetings activities. Other than approved educational symposia (see BMT Tandem Meetings Symposia Prospectus), BMT Tandem Meetings does not permit the development or implementation of symposia, educational activities or special programs that are supported by commercial firms, organizations, third party firms or universities and directed toward attendance and participation by BMT Tandem Meetings attendees.

Ancillary meetings may not conflict or compete with BMT Tandem Meetings sponsored functions or educational sessions. This applies to all hotels, conference centers, convention centers and/or other meeting venue(s) reserved by BMT Tandem Meetings for the annual meeting, and those within the immediate vicinity of the annual meeting location. Signage and/or distribution of any ancillary meeting announcements or promotional materials must be approved by BMT Tandem Meetings. Any use of the BMT Tandem Meetings, ASBMT or CIBMTR logos must be pre-approved. Hotel room door drops are strictly prohibited.

Ancillary meeting and function space is assigned first-come, first-served, subject to availability. After the ancillary meeting is approved and space is assigned, the organizer will be provided with contact information for the venue services manager. The organizer is responsible for all aspects of logistics planning and guarantees as required by the venue, as well as costs associated with the ancillary meeting, including but not limited to room rental, food & beverage, audiovisual equipment rental and technician time, labor costs, printing/photocopying, shipping and delivery charges, and other associated charges. Ancillary meeting organizers must assume full responsibility for the ancillary meeting, and will hold harmless BMT Tandem Meetings, ASBMT, CIBMTR, Medical College of Wisconsin, its officers, agents and employees from any and all liability associated with the ancillary meetings.

After approval, any changes to date, time or assigned meeting space must be approved by BMT Tandem Meetings and authorized by the venue. Violators of any guidelines, restrictions and rules associated with ancillary meetings will jeopardize participation in future BMT Tandem Meetings. BMT Tandem Meetings reserves the right to cancel the ancillary event at any time.

Procedure: Complete the Ancillary Meeting Application and Agreement Form; submit to D'Etta Waldoch, CMP, Director of International Programs at the CIBMTR Statistical Center (bmttandem@cs.com), or Thomas Joseph, Executive Director, ASBMT. The request may be given immediate approval or referred to the BMT Tandem Meetings Organizing Committee, if additional review is required. Decisions of the Organizing Committee are final.

ANCILLARY MEETING APPLICATION & AGREEMENT

Meeting Title _____

Meeting Chair _____ Email _____

Meeting Planner _____ Email _____

Brief Meeting Description _____
(Please attach provisional meeting agenda)

Meeting Objectives _____

Date(s) _____ Time(s) _____

Number of Attendees _____

Audience _____

Anticipated Room Set-Up: Classroom Theater-style Conference Table U-shape Hollow-Square

I/We understand and agree to abide by BMT Tandem Meetings Guidelines for Ancillary Meetings.

Authorized Representataive _____

Title _____

Company/Institution _____

Address _____

City _____ State _____ Zip/Postal Code _____

Country (if other than United States) _____

Phone _____ Fax _____

Email _____

Signature _____ Title _____ Date _____

METHOD OF PAYMENT: \$100

Check (payable to "The Medical College of Wisconsin/BMT Tandem Meetings")

Visa MasterCard American Express

CC # _____ Exp date ____/____

Cardholder name (print) _____ Cardholder signature _____

The Ancillary Meeting Application & Agreement Form will not be accepted less than 1 week before the official start date of the BMT Tandem Meetings. **Email to D'Etta Waldoch, CMP: bmttandem@cs.com or fax to: 262-827-4997.**