

Company/Event Sponsor Information

Company Name: _____
 Contact: _____ Title: _____
 Phone: _____ E-Mail: _____
 Address: _____ City: _____ State: _____ Zip Code: _____

Blackout Dates and Times

Ancillary events may not be scheduled during official conference events as listed in the following schedule unless the requestor has received prior written approval from the SOHO 2024 planning committee.

Blackout Dates	Time (CST)
Monday, Sept. 2, 2024	none
Tuesday, Sept. 3, 2024	none
Wednesday, Sept. 4, 2024	8:00 am – 6:00 PM
Thursday, Sept. 5, 2024	8:00 am – 6:30 PM
Friday, Sept. 6, 2024	8:00 am – 6:00 PM
Saturday, Sept. 7, 2024	8:00 am – 12:30 PM

Ancillary Event Fees

Fees for ancillary events are based on the duration of the program. The fee includes the cost of the meeting room, booking and coordination. Other event expenses including catering, décor, audiovisual and room charges must be paid directly by the organizers to the hotel.

Duration of Ancillary Event	Fee*
0 to < 4 hours	\$6,600
4 to < 8 hours	\$8,800
≥ 8 hours	\$11,000

Preferred Date and Time

Day	Start Time	End Time	Maximum Attendance	Room Set-Up*	Description**
Monday, Sept 2, 2024					
Tuesday, Sept 3, 2024					
Wednesday, Sept 4, 2024					
Thursday, Sept 5, 2024					
Friday, Sept 6, 2024					
Saturday, Sept 7, 2024					

* Style of room arrangement: Cocktail, Banquet (seated meal), Theater, Classroom, Board Room, U-Shape

** Description or nature of event (eg, advisory board, sales meeting, investigator meeting, social dinner, etc).

Signature

I acknowledge that as an authorized representative of the above Sponsor, I have reviewed, and agree that Sponsor will comply with the Policies for Ancillary Events at SOHO Meetings available [here](#). I understand that Sponsor must book housing through SOHO and failure to do so is subject to penalties for current and future SOHO Annual Meetings. This Ancillary Event Request will become a contract upon Sponsor’s authorized signature and SOHO’s acceptance and approval.

Sponsor Signature: _____ Date: _____
 Printed Name: _____ Title: _____

Payment Methods

Credit Card Payment - American Express, MasterCard, Visa, Discover (a 4% surcharge will be applied to all credit cards)

Card Number: _____ Expiration: _____ CCV Code: _____
 Name (on the credit card): _____ Amount to be charged: _____
 Billing Address: _____
 Signature: _____

(Your signature authorizes your card to be charged for the total amount due (including the 4% surcharge). JWC COVENANT reserves the right to charge the correct amount if different from the total listed. Cardholder is responsible for any changes in the exchange rate).

Invoice – JWC Covenant will invoice, payable directly to **Full payment to JWC Covenant, Inc. is due net 30 days**