

NCSL welcomes ancillary groups to the Legislative Summit. All attendees to ancillary sessions must be registered for the Summit. Your event must be approved by NCSL before a hotel will contract space with you.

If you plan to hold your event at another property, please indicate the location on your form. This information helps us answer questions attendees may have.

Please complete the space request form and return it to <a href="events@ncsl.org">events@ncsl.org</a> no later than Friday, May 30. Once your request has been approved by NCSL, we will let you know. NCSL will provide you with contact information to arrange the logistics for your meeting.

Ancillary groups meeting in conjunction with the NCSL Legislative Summit agree to:

- Conduct sessions during scheduled ancillary time slots listed below.
- Register their primary contact for the full NCSL Legislative Summit.
- Ensure attendees are registered for the NCSL Legislative Summit and wear their badges.
- Order and pay for all food, beverages, audio visual equipment and other associated costs of the meeting or event. NCSL is not responsible for any contractual agreements made by your event organizers.
- Include the following wording on all invitations and or promotional materials for ancillary meetings: "This event is not part of the official NCSL Legislative Summit and is not endorsed by NCSL."
- Meetings will not be listed in the online agenda or the mobile app.

Please complete one (1) request form per function by May 30.



Email completed form to <a href="mailto:events@ncsl.org">events@ncsl.org</a>.

Group Information	Location Request:
Group Name:	□ Hotel:
Address:	
City, State, Zip:	☐ Location TBD — I would like to receive
	recommendations for off-site venues from the
Contact Information	Boston Visitors Bureau.
Name:	_
Title:	☐ Lwill book my own venue outside of NCSI's
Phone number:	hatal black. My avant will be hald at:
Email address:	
☐ Onsite contact is same as above	Audio Visual Needed:
If different onsite contact:	☐ Projector and Screen
Name:	☐ Microphone
Cell phone:	Other:
Event Information	Requested Room Set:
Title:	□ Classroom
Time request:	□ Rounds
□ Sunday, Aug. 3	□ Reception
o List Time:	□ Other:
☐ Monday, Aug. 4, 5:30 p.m 7:00 p.m.	# of People:
o List Time:	
☐ Tuesday, Aug. 5, before 9:00 a.m.	Food and Beverage:
o List Time:	□ Breakfast
☐ Tuesday, Aug. 5, after 5:00 p.m.	☐ Reception/Dinner
o List Time:	□ N/A
☐ Wednesday, Aug. 6, before 9:00 a.m.	

o List Time: \_\_\_\_\_