

Institutional Application to Host SENTAC Annual Meeting

1. Your name _____
2. Your email address _____
3. Name of institution _____
4. ENT-related staffing:
 - a. Number of ENT physicians _____
 - b. Number of audiologists _____
 - c. Number of speech pathologists _____
 - d. Number of advanced practice providers _____
 - e. Number of additional providers likely to attend _____
5. Availability of the following at your institution:
 - a. Conference facility or auditorium with seating for >250? Yes No
 - b. Capability of displaying talks from remote computer rather than one at podium? Yes No
 - c. Microphones for panel tables? Yes No
 - d. At least three rooms nearby auditorium with seating for >75? Yes No
 - e. Speaker ready room? Yes No
 - f. AV support staff dedicated to meeting? Yes No
AV support staff paid by: Home institution SENTAC
 - g. Space for conference registration? Yes No
 - h. Space for exhibitors (10-14 table tops for exhibits)? Yes No
 - i. Attractive areas for:
 - Opening night cocktail party? Yes No
 - Poster/wine and cheese party? Yes No
 - j. A business center or place for conference staff to print if needed? Yes No
 - k. A dedicated shipping/receiving department? Yes No
If yes, what are the days are they available? M T W Th F Sa Su
 - l. Onsite catering services? Yes No

If yes, is what is the charge for tables and linen? _____

- m. Hotels in walking distance that can accommodate 250 attendees? None 1 >1
6. Do you have an individual who can help with local arrangements (hotel reservations, catering orders, fabrication of awards) prior to the meeting? Yes No
7. Does your institution have volunteers or students who would be available to assist with check in, or as "runners" at the meeting? Yes No
8. Please feel free to explain in 300 words or fewer any special reasons you feel your institution should host the SENTAC annual meeting.