

ANCILLARY EVENT REQUEST FORM (Page 1 of 3)

Request by April 16, 2027 for Regular Fees, last day to submit request June 4, 2027.



2027 SCIENTIFIC SESSIONS
WASHINGTON, DC | JUNE 18-21

Email: conventionoperations@diabetes.org

If your company is planning to hold an event during the 2027 Scientific Sessions, **carefully review the Rules and Regulations below, as well as the [FAQ document](#)**, before completing the Ancillary Event Request Form.

Requests will be reviewed weekly and approved on a first-come, first-served basis. Space at hotels is limited. Be sure to submit requests as soon as possible. Please allow 2-3 weeks after form submission to receive confirmation, hotel/meeting room assignment, hotel contact info, and a link to the online payment portal.

RULES AND REGULATIONS:

"ADA/Scientific Sessions" refers to the American Diabetes Association; "Companies/Organizations" refers to anyone requesting space on behalf of a company, university, non-profit or other entity; "Hotel" refers to assigned hotel.

1. Companies may NOT contract meeting space directly with Official ADA hotels and must observe the ADA Rules and Regulations as listed. Your company is responsible for ensuring that all company representatives and/or agents adhere to all the rules and regulations outlined. Any companies found contracting directly without prior consent from ADA or violating ADA's rules and regulations may jeopardize future exhibiting status and/or the ability to hold future functions in conjunction with ADA's Scientific Sessions.

2. Events found to be in violation of these guidelines shall be immediately discontinued. Your company waives any rights to claims of damages arising out of the enforcement of these guidelines.

3. Companies may NOT secure space for poster and/or educational presentations. Any scientific activity or educational presentation that is meant for a group of 50 or more attendees falls under our Corporate Symposia guidelines and must be requested via the Corporate Symposia Application, found on the [event website](#).

4. Non-exhibiting companies may NOT use meeting rooms or any other venue, if the company has products relevant to attendees. If a company has products that are relevant to attendees, they are required to exhibit in order to obtain meeting space at an official ADA Hotel. ADA reserves the right to deny meeting space requests to companies that violate these policies. Questions may be directed to conventionoperations@diabetes.org.

5. Fees: An application fee will be charged for *each* meeting room. The confirmation email will include a link to a secure, online payment portal. Payment is expected within three (3) days of receipt of space confirmation. If payment is not made, the space may be withdrawn and offered to another group. The application fee is not a deposit toward hotel costs which may include food & beverage, A/V, and meeting room rental.

Non-Profit/University		Scientific Sessions Exhibitor		Non-Exhibitor	
Regular Fees (until April 16, 2027)	Late Fees (after April 16, 2027)	Regular Fees (until April 16, 2027)	Late Fees (after April 16, 2027)	Regular Fees (until April 16, 2027)	Late Fees (after April 16, 2027)
Groups of 15 or less		Groups of 15 or less		Groups of 15 or less	
\$200	\$400	\$400	\$800	\$1,000	\$1,400
Groups of 16-90		Groups of 16-90		Groups of 16-90	
\$300	\$500	\$600	\$1,000	\$1,200	\$1,600
Groups over 90		Groups over 90		Groups over 90	
\$400	\$600	\$800	\$1,200	\$1,400	\$1,800

6. Black-Out Times: Organizations may NOT hold functions during the defined "black-out" times, **unless they are for INTERNAL/STAFF ONLY**.

- Friday, June 18, 2027 10:30 a.m. – 8:30 p.m.
- Saturday, June 19, 2027 8:00 a.m. – 6:00 p.m.
- Sunday, June 20, 2027 8:00 a.m. – 6:00 p.m.
- Monday, June 21, 2027 8:00 a.m. – 4:15 p.m.

7. Activities are restricted to the confines of the assigned hotel meeting rooms and may not be held in public areas, including but not limited to, hotel lobbies or hallways, and sidewalks adjacent to the hotel or convention center.

8. Any and all charges for services levied by the hotel are solely the responsibility of the company. ADA has no responsibility or authority over any charges, including, but not limited to room rental, food and beverage minimums, audio visual pricing, internet charges, electrical costs, etc. The application fee noted above is not a deposit toward hotel costs.

9. If a company is interested in securing space for an event/function at any other venue (not an Official ADA Hotel) the company may contact the venue directly, *after* receiving approval from ADA on the event date, time, and content. To view a full list of ADA hotels, please visit the [event website](#). No application fees are required for this event type.

10. Your company can provide signage based on the following restrictions: Up to 4 signs maximum, (2) no larger than 22"x28" and (2) of any size. Signage may only be placed in the hotel 2 hours prior to the event's start time and must be removed within 30 minutes of the conclusion of the event. Placement is limited to the entrance of the meeting room or as determined by the hotel. It is the applicant's responsibility to comply with ADA's policy as well as the hotel's policy concerning signage placement.

11. Refund Policy: The fee is **non-refundable**. If an error in billing is suspected, an inquiry must be made within 6 months of the event date. Inquiries made after this time will not be processed. Inquiries should be sent to conventionoperations@diabetes.org.

12. Form Submission: You may submit a single room request for either a 24-hour hold or multiple days on one form at one single fee. However, if your request is for multiple rooms, over several days, with different hours and room sizes, each room request must be submitted separately and will be charged a separate fee. Your organization will be charged a fee for *each* form submitted. The fee will be charged once the room has been confirmed. If your company chooses to relocate the meeting space to a different hotel after confirmation has been received, the company will be charged a second fee. **Note:** You will not be charged if meeting space is not available.

13. Payment: The confirmation email will include a link to a secure, online payment portal. The preferred payment method is credit card. If you pay by check (drawn on a U.S. bank and in USD), please mail the signed application form and check to: American Diabetes Association, c/o Convention Operations, PO Box 7023, Merrifield, VA 22116-7023. Additional payment instructions will be included in the confirmation email. Payment is required within three (3) days of receipt of the confirmation email. If payment is not made, the meeting space may be withdrawn and offered to another group.

14. All matters and questions not covered by the above guidelines are subject to the discretion of ADA. These ADA guidelines may be amended at any time by ADA, and all amendments shall be equally binding to all parties. In the event of any amendment or addition to these guidelines, written notice will be given by ADA to such parties. By holding your event, your company shall protect, indemnify, hold harmless and defend ADA, its officers, directors, agents, volunteers, subcontractors, employees and/or representatives against all such claims, liabilities, losses, damages, judgments or settlements, including reasonable attorneys' fees and costs and other expenses incurred by the indemnifying party on account of litigation; provided that the foregoing shall not apply to injury, loss or damage caused by or resulting from the negligence of ADA, its officers, directors, agents or employees.

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I. COMPANY INFORMATION: (please type or print clearly)

Company Name: _____ Booth #: (if applicable) _____
Sponsoring Company: _____
Contact Name: _____
Street Address: _____
City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____
Phone: _____ Fax: _____ Email: _____
Company/Organization Type: (check one) ☐ Non-Profit/University ☐ Exhibitor at 2027 Scientific Sessions ☐ Non-Exhibitor

II. EVENT INFORMATION:

Name of Event: (please be specific) _____
Event Description: _____
Date(s) of Event: _____ - _____ Event Start Time: _____ Event End Time: _____
Number of People Expected: _____ Notes/Special Instructions: _____

Attendee Information: (check one) ☐ Event is open to all attendees ☐ Event is for Internal/Staff Only ☐ Event is Invite-Only

Preferred Location: (Select your top 3 choices by marking a 1, 2 and 3 next to each venue. Please note, you are not guaranteed your first-choice hotel)

☐ Capital Hilton	☐ JW Marriott Washington DC
☐ Courtyard Washington DC Downtown CC	☐ Marriott Marquis DC
☐ Embassy Suites Washington DC CC	☐ Marriott Metro Center
☐ Grand Hyatt Washington DC	☐ Westin Washington DC City Center
☐ Hamilton Hotel Washington DC	☐ The Westin Washington DC Downtown
☐ Other _____	

Please note, there is no meeting space available at the convention center.

Applicants may request meeting space at the hotel of their choice, either from the list above or from any other Official ADA Hotel. A listing of Official ADA Hotels can be found on the event website. Please note that any hotel you wish to select will require that you receive an approval from ADA prior to reserving meeting space.

Set-Up Style: (check one) ☐ Conference ☐ Classroom ☐ U-Shape ☐ Hollow Square
☐ Rounds ☐ Theater ☐ Reception ☐ Other: _____

Food & Beverage: (check all that apply) ☐ Breakfast ☐ Lunch ☐ Dinner ☐ Reception ☐ Coffee Break

Minimum Square Footage: _____

Require Sleeping Rooms: (check one) ☐ Yes ☐ No (If you require sleeping rooms, please reach out to ADA Housing/CMR, adasupport@cmrus.com.)

III. CONFIRMATION: (Hotel/ADA Use Only)

Date application received by ADA: ____/____/____

As a reminder, your company is responsible for any costs associated with your event, i.e., any food and beverage minimums, room rental, audio-visual, internet, electric charges, etc. Room set-up changes may be subject to additional charges. Your company is responsible for ensuring that all company representatives and/or agents adhere to all the rules set forth in the Ancillary Event Rules and Regulations.

Hotel Information:

Hotel Name:	
Meeting Room Assigned:	
Notes:	

Upon receipt of confirmation from ADA, please contact the hotel directly to finalize all event logistics.

Hotel Contact Info:

Contact Name:	
Title:	
Email:	
Phone:	

If you have questions regarding this confirmation, please contact ADA at conventionoperations@diabetes.org.

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IV. PAYMENT INFORMATION:

Company/Organization Type: (check one) ☐ Non-Profit/University ☐ Exhibitor at 2027 Scientific Sessions ☐ Non-Exhibitor

Total Fees: \$ _____

Payment:

When the hotel confirms that they can accommodate your meeting space request, ADA will send a confirmation email to you. This email will include a link to a secure, online payment portal. This online payment form must be filled out and submitted within three (3) days of receipt of the confirmation email. If payment is not submitted, ADA reserves the right to release the space and make it available to the next requestor.

The completed Ancillary Event Request Form can be sent to ADA as an attachment to conventionoperations@diabetes.org.

Questions?

Please contact conventionoperations@diabetes.org or visit the [event website](#) for additional information.