## Co-Locating Events with SIGGRAPH 2025 Space Request Form

on Saturday, 9 August and/or Sunday, 10 August 2025

## Return completed form to the ACM SIGGRAPH Project Manager at project-manager@acmsiggraph.org

(This completed form must be returned no later than 15 April, 2025)

Co-Location Plan Selected (circle one):		Specify Day (circle one	): Saturday	Sunday
(Upon receipt of this signed form, ACM SIGGRAPH will				
submit an invoice to the contact person listed below	C (Offsite without reg, no fee)			
for payment of services.)	D (Offsite with reg, fee \$1,000)			
Official Name of Group:				
Conference Website:				
Contact Name:				
Signature:				
Email:				
Address (Company, Street Address, City, Sta	ite, Country, Postal Code):			
Phone Number:				
*Function Type (please use a new line for each event that requires a separate meeting room, e.g., General Session, Breakout Room, Breakfast, Lunch, etc.):	Time of Function:	Attendance:	A/V and/or Internet Access Needs	Comments:
1				
2				
3				
4				
5	in the Post of the City	ODADIL 0005 D	V	
vve would like to include a Ma	eximum of Ten Posters in the SIG	OKAPH 2025 Poster area	a. res	No

If yes, please email the ACM SIGGRAPH Project Manager by 30 April 2025.

\*Rooms will be assigned as close as possible to your anticipated attendance. If multiple rooms are needed, they will be assigned as close to one another as possible.

For Office Use Only	
Co-Located Group Approved by:	ACM Specialized Conferences Chair
Date:	
Sent to ACM Staff Date:	
Received by ACM Staff Date:	