



23rd Annual MEETING & EXPOSITION

September 23-26, 2026 • Glasgow, Scotland



ANCILLARY EVENT SPACE REQUEST FORM

Complete this form for EACH request and submit NO LATER THAN August 21, 2026.

Company Name: _____
 Contact Name: _____
 Email Address: _____
 Mailing Address: _____
 Phone: _____ Fax: _____

EXHIBITOR/SPONSORED PRIVATE FUNCTIONS & HOSPITALITY SUITES
I/we have read the IMS Annual Meeting Guidelines regarding Ancillary Events and agree to abide by all the IMS Annual Meeting General Rules and Regulations and hold harmless the IMS Annual Meeting from and against any and all liability and claims and demands which may arise from or be asserted in connection with the foregoing undertakings and responsibilities.

Print Name: _____ Title: _____
 Applicant's Signature: _____ Date: _____

Function Name: _____
 Desired Location*: _____
**Meeting space may not be available at all meeting venues.*

Function Type: Private F&B Function Investigator Meetings/Industry Update Internal Sales/Business Meeting
 Hospitality Desk Press Briefings Private Interview Rooms IMS Member Meetings Investor Meetings
 Patient Group/Non-Profit Organization Advisory Board Meetings Sponsor/Exhibitor Pre-Conference Meetings
 Internal Sales, Business, or Staff Meetings

Number Attending: _____ Attendance: Company Personnel Physician/Company Other _____

Function Date: September ____, 2026 Start Time: _____ am/pm End Time: _____ am/pm
**Must be in compliance with the black out date/times.*

Event Description/Purpose: _____

Fees and Payment:
 There is a \$1,000 non-refundable fee per approved event request. This fee will be waived for corporate sponsors of the IMS Annual Meeting supporting the IMS Annual Meeting at a Silver level or higher.

Name on Card: _____
 Last 4 digits (ONLY) of Credit Card #: _____

Note: Please do NOT email forms with full credit card information. Only provide the last 4 digits of your card. Then call Donna Copes at 703-679-3940 to provide full payment details. Fee will be processed upon approval of event.

Email completed form to: imseventrequest@spargoinc.com
 Subject Line: IMS 2026 Ancillary Request – Company Name

IMS Annual Meeting Use Only
 Date Received: _____
 Date Approved: _____
 Added to DB: _____