	Space	ents with SIGGRAPH 202 Request Form t and/or Sunday, 07, Aug			
Return completed form to the ACM SIGGRAPH Project Manager at project-manager@acmsiggraph.org (This completed form must be returned no later than 31 March, 2022.)					
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	te, 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:		A/V and/or Internet Access Needs	Comments:	
1					
2					
3					
4					
5 We would like to include a Maximum of Ten Post	ers in the SIGGRAPH 2022 Post	er area: Yes	No		

*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:	