



Networking Meeting Request Form

Lifesavers Conference on Roadway Safety

April 18–21, 2026 • Baltimore Convention Center (BCC) • Baltimore, MD

GENERAL INFORMATION & INSTRUCTIONS

To hold a networking meeting in conjunction with the conference, please complete this request form, then sign and email it to: khoury@lifesaversconference.org

All participants at Networking Meeting(s) MUST be registered for the Lifesavers Conference. Guests are not permitted.

Meetings may not be scheduled during the following official conference hours:

- Saturday, 4/18: no restrictions
- Sunday, 4/19: 9:00 a.m. – 5:00 p.m.
- Monday, 4/20: 8:15 a.m. – 5:30 p.m.
- Tuesday, 4/21: 8:15 a.m. – 2:00 p.m.

Use of the Lifesavers Conference logo in any way that implies endorsement is prohibited. All material (printed or video) must be approved by Lifesavers.

FEES & RESPONSIBILITIES

Upon approval, Lifesavers will assign a theater-style workshop room with a head table and podium at no cost (subject to space availability).

If an alternate room set-up or A/V is required, you will be responsible for these costs along with any costs associated with A/V technician support, food & beverage, signage, security, HSIA services, etc. Lifesavers will share contact information with you for each service provider at the BCC so you can coordinate orders and billing directly through each vendor.

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR YOUR MEETING

Meeting Title: _____

Expected # of attendees? _____

Date: _____ Start Time: _____ End Time: _____

Organization: _____

Main Contact Name: _____

P: _____ E: _____

PLEASE CHECK OFF ALL ITEMS BELOW WHICH ARE APPLICABLE TO YOUR REQUEST

- Networking meeting will be private (*by invitation only*)
- Networking meeting will be open to all attendees
- Networking meeting should be listed in mobile app and event site
- F&B will be needed (affiliate responsible for costs)
- A/V will be needed (affiliate responsible for costs)
- A video will be shown during the function. *If this is checked off, please share the link to the video for Lifesavers to review.* _____
- Room set-up change requested (affiliate responsible for costs)
- Other needs: HSIA services, security, signage, easel(s), additional tables, flipcharts, etc. (affiliate responsible for costs) _____

QUESTIONS?

Kate Crummett
 E: crummett@lifesaversconference.org
 P: 703-798-6693

Michelle Khoury
 E: khoury@lifesaversconference.org
 P: 571-309-2422

ACKNOWLEDGMENT

I acknowledge that I have read and understand the Lifesavers Networking Meeting guidelines.

Name: _____

Organization: _____

Signature: _____

Date: _____

Return the completed request form to: khoury@lifesaversconference.org