**SIOP 2016 Annual Congress - MEETING ROOM REQUEST FORM**

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| **1. Details** |
| **Group Name:** |  |
| **Contact Person:** |  |
| **Designation/Title:** |  |
| **Telephone Number:** |  |
| **Email Address:** |  |
| **Fax Number:** |  |
| **Address:** |  |

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| **2. Nature of Meeting** |
| **Briefly outline the purpose of your meeting below :** |
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| **3. Meeting Room Requirements** |
| **Free meeting room**  |
| **Date:** | ***Saturday, 22 October 2016****(Date cannot be changed)* |
| **Time:**  | **AFTERNOON ONLY (13:30-17:30)***Indicate exact meeting timings here*Start:Finish: |
| **PAX:** |  |
| **Set-up:***Theatre style only.* |  |
| **A/V & Catering** | There is standard A/V meeting equipment in the rooms.No F&B. |

**Any other comments or queries:**

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Please return this form by email to:

**SIOP Secretariat**
siopoffice@kenes.com