

**SIOP 2019 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:** | ***Wednesday, 23 October 2019****(Date cannot be changed)* |
| **Time:**  | **TIME SLOTS***Please tick the preferred time slot below; note that there is no guarantee that you will be assigned the preferred time*7 AM-945 AM 10 AM-1245 PM 1 PM – 345 PM |
| **# of People:** |  14 20 50  |
| **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 Susanne Wollaert, **SIOP Office**, info@siop-online.org before **April 2, 2019 (12:00 noon CET).**