[](https://siop-congress.org/)

**SIOP 2019 Annual Congress - MEETING ROOM REQUEST FORM**

|  |  |
| --- | --- |
| **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](mailto:info@siop-online.org) before **April 2, 2019 (12:00 noon CET).**