



SIDE MEETING/WORKSHOP REQUEST FORM

Name of Host Organization:

Contact person:

Email:

Title of the meeting:

Date:

Start of meeting (date and time):

End of meeting (date and time):

Room set up (select one): boardroom theatre

Type of meeting: private, by invitation only open, all are welcome

Expected number of participants:

*List AV Requirements:

*Do you require assistance in ordering food/beverages: Yes No

Would you like your meeting to appear in the conference program: Yes No

NOTE:

*** host organization is responsible for cost of AV and food services**

Rooms are limited in number therefore requests will be processed in the order that they are received.

Please direct form and inquiries to:
lucette.barber@umanitoba.ca