Consequences and Control of Micronutrient Deficiencies:

Science, Policy, and Programs — Defining the Issues

16–18 April 2007 ■ Istanbul, Turkey

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SATELLITE MEETING REQUEST/TRACKING FORM

Please complete this form if you are holding or hosting any event(s) in conjunction with the 2007 Micronutrient Forum. Please read the guidelines for Satellite Meetings before completing this form. Include as many details as possible. This will facilitate appropriate meeting space identification, menu suggestions, audio-visual options and pricing quote.

NAME OF COMPANY HOSTING EVENT:	
Address:	City:
State: Zip/Code:	Country:
CONTACT NAME:	
Telephone:	Fax:
E-mail:	
EVENT INFORMATION *(please include as many details as possible) We will email confirmation of assigned date and time.*	
Name of Event:	**Preferred Date of Event:** Start Time: End Time: **2nd Choice Date**:
Estimated Attendance_____ Is this event open to everyone? ☐ Yes ☐ No, invitation only	
ROOM SET-UP* ☐ Headtable: number of persons_____ ☐ Lectern ___ tabletop ___ standing ☐ Theater style (chairs only) ☐ Conference style (chairs around center table) ☐ Classroom style (rows of chairs at tables) ☐ U-shape table ☐ Hollow square ☐ Reception (small cocktail tables, no chairs) ☐ Banquet rounds * Attach diagram if special set-up is requested.	**AUDIO-VISUAL EQUIPMENT** ☐ Screen ☐ Data projector* ☐ Overhead projector ☐ Laser pointer ☐ Flipchart with Markers ☐ Tape recorder ☐ Microphones (specify type and number) _____ ☐ VCR (specify one type) _____ ☐ Monitor (specify one size) ___19" ___25" ☐ Technician ☐ Other _____ * Laptop not included; specify if one is needed _____.
FOOD and BEVERAGE *(please describe items desired and approximate budget. Hotel menus will be forwarded.)* ☐ Breakfast ☐ Mid-morning coffee/tea break ☐ Lunch ☐ Afternoon coffee/tea break ☐ Dinner ☐ Reception	
PLEASE NOTE: The final guaranteed attendance must be submitted to the hotel at least fourteen (14) business days before the event begins and is not subject to reduction for both menu items and beverage service.	
PAYMENT *(must be completed before meeting space will be assigned)* Payment will be made by: __ Advance Payment by bank wire transfer. __ Credit Card (Name on credit card:_____) __ Charge to Guest Room (Must be registered guest at the hotel where the event is held.)	

Please attach information that may be useful such as an agenda, program description or budget considerations.

Return this form to:

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