



Meeting Request Form

The arrangements committee will make every effort to accommodate requests; however alternate dates/times may be required in the event of scheduling conflicts.

Event Name: _____

Room Sign Text: _____

Name of Person Chairing Meeting: _____

Email: _____ **Phone:** _____

Company: _____

City/State/Zip: _____

Country: _____

Meeting Sponsor:

- | | | |
|---|--|--|
| <input type="checkbox"/> Standards | <input type="checkbox"/> Technical Services | <input type="checkbox"/> Member Services |
| <input type="checkbox"/> Communication Services | <input type="checkbox"/> Conference Services | <input type="checkbox"/> Other _____ |

Desired Date: *(indicate first & second choice)*

- | | | |
|--|--|---|
| <input type="checkbox"/> Sunday, 15 March | <input type="checkbox"/> Wednesday, 18 March | <input type="checkbox"/> Saturday, 21 March |
| <input type="checkbox"/> Monday, 16 March | <input type="checkbox"/> Thursday, 19 March | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Tuesday, 17 March | <input type="checkbox"/> Friday, 20 March | |

Start Time: _____

End Time: _____

Location: Convention Center Hyatt Regency Santa Clara

Audio/Visual Requirements:	Quantity	Meeting Room Setup:	# People
Projection Screen(s)	_____	Theater (chairs)	_____
LCD/Data Projector(s)	_____	Classroom (chairs w/tables)	_____
Overhead Projector(s)	_____	Conference Table	_____
Table Microphone(s)	_____	Hollow Square	_____
Flip Chart(s) with Markers	_____	"U" Shape	_____
Power Strip(s)	_____	Banquet, rounds of 8/10	_____
Other: _____		Other: _____	

Food/Beverage Requirements	Quantity	Start Time	End Time	Budget \$
Breakfast	_____	_____	_____	_____
Morning Break	_____	_____	_____	_____
Lunch	_____	_____	_____	_____
Afternoon Break	_____	_____	_____	_____
Dinner	_____	_____	_____	_____

Each Food & Beverage request must be accompanied by the budgeted amount approved by the appropriate EMCS VP



Menu Suggestions/Additional Comments

(Note: Check with appropriate EMCS VP for guidelines on food functions)

Special Request

Bill Meeting to appropriate EMCS VP who approved the meeting expense:

- VP Standards: Don Heirman at d.heirman@ieee.org
- VP Technical Services: Colin Brench at colin.brench@ieee.org
- VP Member Services: Vignesh Rajamani at vignesh.rajamani@okstate.edu
- VP Communication Services: Heyno Garbe at Heyno.Garbe@IEEE.org
- VP Conference Services: Bruce Archambeault at barch@us.ibm.com

If this is not an EMCS-Sponsored Meeting, credit card information must be provided to guarantee Meeting reservation. A 50% Deposit will be charged before the meeting and actual meeting cost (less the deposit) will be charged to the Credit Card after the symposium.

Cardholder Name: _____

Company: _____

Address: _____

City/State/Zip: _____

Country: _____

Email: _____ **Phone:** _____

Credit Card Number: _____ **Exp. Date:** _____

Signature: _____

Return completed form by January 15, 2015:

IEEE 2015 EMC & SI Symposium
Attn: John Vanella
ConferenceDirect
1825 E. Northern Ave., Suite 115
Phoenix, AZ 85020
Office: 602-266-1006
Fax: 602-266-1017
john.vanella@conferencedirect.com

Cancellations/refunds are dependent upon receipt 45 days prior to meeting/event. Cancellations must be submitted in writing.