

MEETING REQUEST - FORM

Note: If you plan to organize more than one meeting, we kindly ask you to fill out a separate form for each meeting.

MEETING ROOM INFORMATION

Meeting Name (for signage on-site): _____

Date requested: _____, 2009 Time requested: _____ Number of persons: _____

(Slots available: Monday, May 11, and Tuesday, May 12 after 17:00; Tuesday, May 11 between 12:00 and 13:00)

Requested room set-up: please Classroom U-shape Theatre Conference

(Please take note the rooms will be set-up in theatre style, any other set-up requested might include additional fees)

CONTACT INFORMATION

Contact person: _____ E-mail: _____

Affiliation: _____

Telephone : (_____) _____ Fax: (_____) _____

Address: _____ City: _____

Province/State: _____ Country: _____ Zip/postal code: _____

AUDIO-VISUAL AND TECHNICAL EQUIPMENT

There will be an official supplier for all 5WEEC and related meetings in all conference locations.

Please the audio-visual and technical equipment needs for your meeting:

- | | Yes | No |
|--|--------------------------|--------------------------|
| - Overhead projector & screen | <input type="checkbox"/> | <input type="checkbox"/> |
| - 35 mm slide projector & screen | <input type="checkbox"/> | <input type="checkbox"/> |
| - Video player-recorder and TV monitor | <input type="checkbox"/> | <input type="checkbox"/> |
| - Data (LCD) projector & screen | <input type="checkbox"/> | <input type="checkbox"/> |
| - Laptop | <input type="checkbox"/> | <input type="checkbox"/> |
| - Easel | <input type="checkbox"/> | <input type="checkbox"/> |
| - Flipchart | <input type="checkbox"/> | <input type="checkbox"/> |
| - Live internet connection | <input type="checkbox"/> | <input type="checkbox"/> |
| - Other: _____ (please specify) | | |

MEETING ROOM CATERING NEEDS

There will be an official supplier for all 5WEEC and related meetings in all conference locations. Exhibitors/Sponsors/Participants are NOT permitted to supply their own food or beverages, or bring in an outside supplier.

Type of function: _____ Number of people: _____

Meal/food/beverages required: _____

Please return this form by fax to: 514-287-1248, or by email at 5weec@jpd.com

5WEEC Congress Secretariat - JPdL

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Montreal, Quebec, H3A 3L8 Canada

Tel: +1 514-287-9898 ext 235, Fax: +1 514-287-1248

Email: 5weec@jpd.com, Website: www.5weec.uqam.ca

MEETING ROOM SPACE RENTAL / AUDIO-VISUAL / CATERING PAYMENT

The cost of the meeting room space will be covered by the 5WEEC only if officially authorized by Ms. Lucie Sauvé or Mr. Bob Jickling, Co-Chairs of the Organizing Committee of the Congress. Otherwise, the person/organization making the request will be financially responsible for this rental.

The meeting room reservation will be considered confirmed only once final payment is made.

We will confirm the costs of the meeting space and payment conditions once we have received this signed Form.

Please **one choice below:**

Please send me a cost estimate for meeting room rental

No cost applicable because 5WEEC will cover the rental costs

(this will require an official authorization letter or email signed by Ms. Lucie Sauvé or Mr. Bob Jickling sent along with this form)

All Audio-visual and catering costs will be invoiced to the person/organization making the request.

NOTE: An estimate of costs will be sent to you before your payment is processed.

PAYMENT INFORMATION

Payment in Canadian Dollars Only

MasterCard VISA Amex (processed under "uqam.ca")

"I authorize the organizers of the 5th World Environmental Education Congress to debit my account in the amount estimated as per this meeting request."

Card Number: _____ Expiry Date: (month/year) _____

Cardholder (please print): _____ Signature: _____

Cheque/money order from a Canadian bank OR an international bank draft in Canadian dollars, payable to the order of "**5th World Environmental Education Congress**".

Send to the Secretariat with copy of your completed form.

CANCELLATION POLICY

All cancellations must be received in writing and addressed to Secretariat (see coordinates below) and received no later than April 30, 2009. After this date, no refund will be issued. If applicable, refunds will be made after the congress.

Signature of the contact person

Date