

Client Conference Requirements

| (Please complete appropriate information) | | | | | | | | | | | | | | | |
|---|------------------------------------|--|-----|-----|-------------------|---|------|-------------------------|---|---------|-----------|----------|--------|----------|--------|
| Delegates Name Surname | (alphabetical order) First Name | | ETA | ETD | Diet Requirements | Room Type (T, Single (S) or Double (D)) | Twin | Room No (Office use) | Accommodation requirement (please tick night/s required) | | | | | | |
| | | | | | | | | | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| 26 | | | | | | | | | Please use this tick <input checked="" type="checkbox"/> to specify your accomodation | | | | | | |
| 27 | | | | | | | | | requirements for each delgate | | | | | | |
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