**Date:**

**GSO MEETING REQUEST FORM**

Please fill out this form completely

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Meeting Location:** | **Meeting Time:**  Please mention how many hours this meeting is expecting to take | | | | **Meeting Preferred Date:**  Alternative dates (if applicable) | |
| **Requestor/Contact Name:** | | | | | | |
| **Department:** | | | **Organization:** | | | |
| **Email:** | | **Mobile:** | | |  | **Phone** |
| **Meeting Information** | | | | | | |
| **Organization information:** Please describe briefly your organization and its main activities: | | | | | | |
| **Mission:** | | | | | | |
| **Meeting Objective/s:** Please list your objectives or topics to be discussed during this meeting: | | | | | | |
| 1- | | | | | | |
| 2- | | | | | | |
| 3- | | | | | | |
| 4- | | | | | | |
| **Meeting Outcomes**: Please list intended outcomes: | | | | | | |
| 1- | | | | | | |
| 2- | | | | | | |
| 3- | | | | | | |
| 4- | | | | | | |
| **Attendees:** Please list the names and titles of attendees from your side: | | | | | | |
| **Title** | | | | **Name** | | |
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| **Meeting support needs:** Please check the needs that may support your meeting | | | | | | |
| * Wireless internet access availability * Flip Chart * Meeting minutes * Handouts   Other: Please include item name and number of items needed | | | | * LCD Projector with screen * Laptop computer PC * Laser pointer * Conference Call | | |
| **For GSO USE** | | | | | | |
|  | | | | | | |

Please return the COMPLETED MEETING REQUEST FORM via email[marketing@gso.org.sa](mailto:marketing@gso.org.sa)