**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** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **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 emailmarketing@gso.org.sa