



**2008 IEEE International Symposium on
Electromagnetic Compatibility**
18-22 August 2008 Detroit, Michigan



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: _____
Requester: _____ **Email:** _____
Phone: _____ **Fax:** _____

Event Date: (indicate first & second choice)
 Saturday, 16 Aug. Tuesday, 19 Aug. Friday, 22 Aug.
 Sunday, 17 Aug. Wednesday, 20 Aug. Saturday, 23 Aug.
 Monday, 18 August Thursday, 21 Aug. Sunday, 24 Aug.

Start Time: _____ **End Time:** _____

Location: Convention Center HQ Hotel

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

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

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

Sign Text (if different than Event Name):

Menu Suggestions/Additional Comments
 (Note: Check with appropriate EMCS VP for guidelines on food functions)

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

- VP Standards: Don Heirman on d.heirman@ieee.org
- VP Technical Services: John Norgard on j.norgard@ieee.org
- VP Member Services: David Staggs on d.staggs@ieee.org
- VP Communication Services: Ghery Pettit on ghery.pettit@intel.com
- VP Conferences: Barry Wallen on bwallen@ieee.org



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If this is not an EMCS-sponsored meeting, credit card information must be provided to guarantee meeting reservation. Credit cards will not be charged until after the symposium.

Actual meeting costs will be invoiced after the symposium.

Event Name _____

Event Date _____

Organizer Name _____

Company _____

Address _____

City/State/Zip _____

Country _____

Phone _____ **Fax** _____

Email _____

Credit Card Number _____ **Expiration Date** _____

Cardholder Name _____

Signature _____

Return completed form to:
IEEE EMC 2008
c/o April Coles, Senior Conference Planner
IEEE Meeting & Conference Management
445 Hoes Lane
Piscataway, NJ 08854
Tel US & Canada: +1 800 810 4333
Fax: +1 732 465 6447
Email: a.coles@ieee.org

No cancellations or refunds within 14 days of meeting/event. Cancellations must be submitted in writing.