

MEETING REQUEST FORM



To be duly filled in CAP LETTERS and return by e-mail. Upon receipt of this form, you will receive a confirmation.
The signed form is a purchase order.

YOUR ORGANIZATION DETAILS:

Name:																				
Activity sector:																				
CEO or GM:																				
Address:																				
City:																				
Country:																				
E-mail:																				
Tel:																				
Fax:																				
Website:																				

DELEGATE DETAILS:

Name:																				
First names:																				
Position:																				
Tel:																				
Cell:																				
E-mail:																				
LinkedIn:																				

I HEREBY REQUEST A MEETING WITH APPROPRIATE INTERNATIONAL SPEAKERS:

DESCRIPTION OF YOUR PROJECT MANAGEMENT ISSUE OR CHALLENGE:

CHARACTERISTICS OF YOUR PROJECT OR PROGRAMME:

Project/Programme owner:	_____
Project/Programme schedule:	_____
Project/Programme cost:	_____
Project/Programme Team (number):	_____

PARTICULAR INTERNATIONAL SPEAKER REQUESTED (Review de list of Speakers to select):

Speaker 1:	_____
Speaker 2:	_____

EXPECTED MEETING DATE AND HOUR:

Date:	_____
Hour:	_____

One-on-one Meetings are arranged by Organizing Team based on requests made by Delegates in order to facilitate the initiation of dialogue required to solving project management issues or challenges faced by organisations in Africa. We hereby agree with the terms and conditions and cancellation policy of the Conference.

DATE:.....

VENUE:.....

SIGNATURE:.....