

**MEETING ROOM ORDER FORM -**

DEADLINE: 31 January

Name of Association/group: \_\_\_\_\_

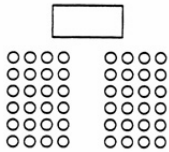
Type of Function: \_\_\_\_\_ Number of People Expected: \_\_\_\_\_  
(Scientific, business, workshop)

Day of Function: \_\_\_\_\_ Date of Function: \_\_\_\_\_

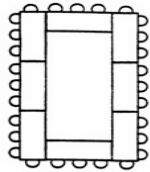
Beginning Time: \_\_\_\_\_ Ending Time: \_\_\_\_\_

ROOM ASSIGNED: \_\_\_\_\_ Sponsor: \_\_\_\_\_

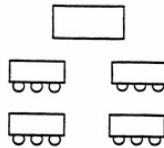
**Room Set-Up:** (Please circle one)



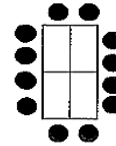
Theatre Style



Hollow Square



Classroom



Boardroom Style

Head Table  # of persons at head table \_\_\_\_\_ Podium  with light?  Easel  Flip Chart

**Catering** (water will be provided for speakers):

Please send menu for: Breakfast  Break  Lunch  Dinner  Reception   
(Unless otherwise notified, you are required to pay for all catering, No catering permitted for scientific meetings)

**Audio Visual:** (all orders for audio visual equipment must be arranged by the COS office)

\_\_\_\_\_ LCD Projector \_\_\_\_\_ Computer \_\_\_\_\_ Podium Microphone  Neck Microphone  Aisel Mic  Quantity \_\_\_\_\_

Other: \_\_\_\_\_

**Other equipment or software required:**

**Billing:**

Function Coordinator: \_\_\_\_\_

Foward invoice to: \_\_\_\_\_

Address: \_\_\_\_\_

**Please return completed form to: Kimberley Ross - Canadian Ophthalmological Society  
610-1525 Carling Avenue, Ottawa, ON K1Z 8R9 Fax: (613)729-7209**

Cancellation: If your function is cancelled after space is confirmed, you will be financially liable for any facility cancellation costs. Deadline for changes: 01 May