**IFIW2025 SIDE EVENT**

**APPLICATION FORM**

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| **Requesting Organization:**  ................................................................................. |  |
| **Contact Person:**  ................................................................................. |  |
| **Address:**  ................................................................................. |  |
| **Telephone / Fax:**  ................................................................................. |  |
| **Email:**  ................................................................................. |  |
| **Title of the Event:**  .................................................................................... |  |

**Which IFIW 2025 agenda item is this event most relevant to, and how?**

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**Side event URL (optional) :**

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The URL will be added to the provisional schedule of side events made available on the IFIW 2025 website.

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| **Preferred Dates (20-25 October 2025): Priority Date (October 2025)** |
| **First Choice** ....................................................................................... |
| **Second Choice**................................................................................... |
| **Third Choice** ...................................................................................... |

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| Request a room that can accommodate a total of (please choose one): |

* Fewer than 50 persons (small)
* 50-100 persons (medium-sized)
* Over 100 persons (large)

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| **Requested Audio-Visual and Recording Services *(Please check the applicable options)***  **Availability:**   * Presentation projection from participant’s laptop (available in all conference rooms) * Audio/video playback from participant’s laptop * Microphones and headsets *(only in medium and large rooms)* * Video recording *(camera active)* * Camera feed display on screen *(IMAG)* * Audio/video recording * Lectern microphone * Digital nameplate/signage * Digital lectern signage * Live web streaming *(additional charges apply)*   **Other Requested Equipment / Services:** (Please Specify)  ..…………………………………………………………………………………………..  **I have read and understood the Side Event Guidelines.** The costs related to use of the above requested conference room and services will be covered by: Name of Organization:  ……………………………………………………………………………………………………. Signature:  ……………………………………………………………………………………………………. Please print full name and title below the signature line:  ……………………………………………………………………………………………………. |
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