



ILCA Ancillary Event Request Form

Name of Requesting Organisation/Institution:

Name of Contact Person:

Postal Address of Contact Person:

Email of Contact Person:

Telephone Number of Contact Person:

Name of Ancillary Event:

Short Description of Ancillary Event including objectives and purpose:

.....

Number of Invitees:

The Ancillary Event described above is scheduled to be held on **from**
 **to** **(date and time).**

I understand that if the Ancillary Event described above is organized during the timeframes listed below, ILCA may not approve your meeting.

Blackout times are as follows:

- 9 September from 8am to 7pm
- 10 September from 7.30am to 7.30pm
- 11 September from 7.30am to 12.30pm

Herewith I confirm that all the information submitted on this form is correct and provided is good faith.

Date and Place:

Name & Signature:

Please complete and return this form to the ILCA Office by email at info@ilca-online.org no later than 31 July 2016.