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| **Side Event Registration Form****12th Meeting of the Conference of the Parties to CMS****Manila, Philippines****23-28 October 2017** |
| **Title** | *full title of the event*  |
| **Theme** | *description of topic and expected outputs - max. 150 words* |
| **Promoting organization(s)** | *name, full address* |
| **Speaker(s)** | *name of invited speaker(s), if any* |
| **Requested schedule** | *dd/mm/yy (excluding 27 October)* |
| *lunch time/evening* |
| **Duration** | *minutes – max. 45 min* |
| **Expected participants** | *number* |
| **Contact person on-site** | *name, phone and e-mail* |
| **Announcement in the Side Event****Programme** | *yes/no* |
| **Date of the request** | *dd/mm/yy* |
| **Storage** | *size of shipped materials (kg)* |
| **Requested catering** | *yes/no* |
| **Note** |  |