



DATE 2019 Meeting Room Order Form

Please fill in and sign this application form and hand it in via email attachment or fax as soon as possible.

All room reservations depend on availability and approval by the General Chair.

DATE 2019 Conference Organizationc/o K.I.T. Group GmbH Dresden

Email: date@kitdresden.de
Fax: +49 351 4956116

Company Details							
				*mandatory			
Company name:*							
Contac	t person:*						
Phone:							
Email:*							
Addres	s:*						
Zip/City/Country:*							
Invoicing Address:*							
Sales Tax ID No.:							
Name	and Type of Meeting						
	••						
Meeting Name:							
	Technical	OR		Commercial			
	Open	OR		Private			
> Open technical meetings are offered a meeting room for a (max.) 3-hour timeslot, free of charge during the DATE week at determined time slots (an open technical meeting is defined as a meeting							
related to academic or research projects, or managed by non-profit organizations).							
> Additional rooms for non-profit organizations and rooms for open technical meetings managed by							
commercial enterprises are available for hire with prices starting from 350.00 EUR + VAT (if applicable). > Furthermore, commercial enterprises may hire rooms for private meetings. Price on application + VAT							
(if applicable).							
Rooms will include standard furniture (tables and chairs) at no extra cost. Additional costs will incur for							
any AV equipment needed (e.g. beamer and screen), telephone lines, poster boards, catering etc.							
Room Rental Costs							
•	☐ Open technical meeting (as per explanation above)						
•	□ Private corporate meetingEUR						
To be specified and invoiced (if applicable) by the DATE Conference Organization.							

DATE Conference Organization

c/o K.I.T. Group GmbH Dresden Bautzner Str. 117-119 01099 Dresden, Germany Phone: +49 351 4967312 Fax: +49 351 4956116

Email: date@kitdresden.de

DATE Conference Host
EDAA vzw
c/o IMEC
Kapeldreef 75
3001 Leuven, Belgium
Register No.: 886.958.892

www.date-conference.com

Bank: KBC Bank
HEVERLEE CENTRUM - 4332
Naamsesteenweg 167
3001 Heverlee, Belgium
IBAN: BE02 7340 3922 0240
BIC: KREDBEBB

Account holder: EDAA vzw





Meeting Room Requirements						
Date: 1 st choice	2 nd choice:					
Time: 1 st choice	2 nd choice:					
Time of start:Time of finish:(Rental periods must always make allowances for set-up and clean-up time)						
Expected number of attendees:						
Room set-up (e.g. theatre, class, board room):						
Additional Requirements / Catering						
For ordering additional AV equipment and/or catering for the meeting, please contact directly (<u>after</u> having received your room confirmation from the Conference Organization):						
·	Phone: +39 055 4972 266					
Ms Ilaria Da Frassini	Email: dafrassini@firenzefiera.it					
Marketing Description (ONLY for open technical meetings; upto 50 words to be published on the DATE web page and in conference publications):						
On-site Contact	*mandatory					
On-site contact person:*	•					
On-site mobile phone number:*						
Room allocated:	Date:					
To be assigned by the Conference Organization	n Time:					

DATE Conference Organization

Date:

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