

## **Satellite Requirements Form**

Company:

**Satellite Location:** 

## Please fill in all details & return by 16 October 2022 to:

Amber Nutt: SfEBESconference@endocrinology.org

Day and date:	
Satellite Session Time:	
Rehearsal Session Time:	
Contacts:	
Signature and Date:	
Details	
PLEASE REFER TO MANUAL FOR ORDER DEADLINES	
Technical Rehearsal:	
Requested date/time	
Additional AV tech required? (or will be part of the package)	ne
Satellite Session:	
Top table for how many people? (set for minimum 2 people)	
Is a lectern required?	
Microphones: over and above standard set up as detailed Standard set up: 1 x lectern microphone, top table microphones, 2 x roving microphones (for Q&A)	



Top table branded front required?	
Standard SfE BES branding will be in place unless otherwise arranged for an extra cost	
Lectern branded front required?	
Standards SfE BES branding will be in place unless otherwise arranged for an extra cost	
Will anything be handed out or put on chairs?	
Number of <u>additional</u> hostesses required (one included in package)	
Additional hostesses can be ordered for extra cost	
Table/s adjacent to main doors required for distribution out of materials/voting pads etc?	
One standard table is provided as part of the package. Please state whether additional tables will be required. Subject to availability/space	
Additional comments/requests:	

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