

Visitor Request Form for Custom Workshops

Please complete this form in its entirety in order to request a custom program.

Your name (Philips Rep, Agent, Distributor)	
Your company name and your title	
Your telephone number	
Your email address	
Complete name of visiting company:	
Visitors are: (please choose from list)	<input type="checkbox"/> Distributor <input type="checkbox"/> Agent <input type="checkbox"/> Energy Service Company <input type="checkbox"/> Specifier (Designer, Engineer, Architect) <input type="checkbox"/> End User <input type="checkbox"/> Utility <input type="checkbox"/> Utility Service Provider <input type="checkbox"/> OEM <input type="checkbox"/> University Students (Lighting/Design Programs) <input type="checkbox"/> Vendors, Suppliers, Internal Requests <input type="checkbox"/> Other
If you selected "Other", please describe the type of customer in further detail:	

Workshop Logistics

Desired date(s) for visit:	
Total # of attendees (including speakers):	
How will expenses be covered?	<input type="checkbox"/> Charge to Cost Centre <input type="checkbox"/> Charge to Distributor MDF
If using a Philips Cost Centre, please provide the number:	

Lighting Workshop Content Specifics (Custom)

Please indicate your main objective and outcome of the program. This is important to facilitate the customization of the agenda	
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What should we emphasize (i.e. products, application, technology) What should we avoid?	
Workshop application emphasis:	<input type="checkbox"/> Education <input type="checkbox"/> Healthcare <input type="checkbox"/> Retail & Hospitality <input type="checkbox"/> Industrial <input type="checkbox"/> Office & Commercial <input type="checkbox"/> Outdoor <input type="checkbox"/> Other (please specify)
Specific product(s) to cover (you may check more than one):	<input type="checkbox"/> LED Lamps <input type="checkbox"/> Luminaires <input type="checkbox"/> Conventional Sources <input type="checkbox"/> Controls <input type="checkbox"/> Advanced Systems <input type="checkbox"/> Philips CK

Travel & Entertainment Logistics

Are hotel accommodations needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <p style="text-align: center;">If yes, please refer our preferred vendors under “Accommodations” on our home page</p>
# of guest rooms required for hotel accommodations	
Please provide check-in/check-out date for hotel accommodations	Check-in date: Check-out date:
Transportation - Back to airport after end of session as a group.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I will make the arrangements for pick up myself
Would you like an off-site dinner arranged after day 1 of the program? *Note* : Continental breakfast, lunch and refreshments are provided during program	<input type="checkbox"/> Yes <input type="checkbox"/> No <p style="text-align: center;">*Reservations will be made between 5:30 – 6pm.</p>

Signature

Date