

Visitor Request Form for Custom Programs

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

Your name	
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:	

Program Logistics

Desired date(s) for visit:	
Total # of attendees (including speakers):	

Custom Program Content Specifics

Please indicate your main objective and outcome of the program. This is important to facilitate the customization of the agenda	
What should we emphasize (i.e. products, application, technology)	

Program 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"/> Exterior Products <input type="checkbox"/> Controls <input type="checkbox"/> Auditing/Energy <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 to our preferred vendors listed under "Accommodations" on our home page</p>
Full name of all attendees requiring for hotel accommodations	
Please provide check-in/check-out date for hotel accommodations	Check-in date: Check-out date:
Please indicate if your group will require transportation back to the airport after the program session is completed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I will make the travel arrangements back to the airport myself

Signature

Date