OLLY
services

INTAKE FORM FOR A NEW EVENT

Compiled by: [_____]

Date: [_____]

Type of the event: virtual/ hybrid/ physical	
Event Name	
Estimated Dates	
Dates of the event	
Estimated total hours	
Organiser	
Directorate	
Estimated budget	

1. HYBRID & PHYSICAL EVENT

1.1 VENUE ON SITE
- Have you booked any room already?   Y ☐   N ☐
- If yes, please indicate us the rooms for which days. [_____]
- Please indicate if you wish a specific room for your event. [_____]

1.2 VENUE OFF SITE
- Location needed: Y ☐   N ☐
- Location country: [_____]
- Location address: [_____]
- Location contact person(s): [_____]
- Location capacity: [_____]

1.3 ACCOMMODATION & TRANSPORTATION
- Local Hotel support needed   Y ☐   N ☐
- Participants transportation needed   Y ☐ N ☐
- Please indicate the destinations (restaurant, ESRIN, hotel) [_____]

1.4 SOCIAL ACTIVITIES
- Please select the social activities you are interested in:
  Welcome Cocktail ☐   Lunch ☐   Coffee break ☐   Dinner ☐
  Other ☐ [_____]
- Would you like us to ask participants about allergies to particular food?   Y ☐   N ☐

1.5 INFORMATION PACKAGE

- Which items would you like us to prepare for you?

Badges ☐　　　　　Gadgets ☐　　　　　Other ☐ [_____]

2. VIRTUAL EVENT

2.1 VIRTUAL ROOM

- Webex needed　Y ☐　N ☐
- Please indicate if you need any other services: (networking, ePosters, speakers information, Networking, streaming). [_____]
  In this case ESA accept BRELLA as platform to provide these services to participants.

2.1 STREAMING

- Do you want the event to be streamed　Y ☐　N ☐
- If yes how many sessions per day? [_____]
- Are there parallel sessions?　Y ☐　N ☐
- How many? [_____]

2.2 NETWORKING

- Do you want to offer the participants to have a networking support to meet online?　Y ☐　N ☐
- Do you plan to set up a poster session?　Y ☐　N ☐
- Do you want us to set rooms to enable people to meet online?　Y ☐　N ☐

3. EVENT WEBSITE

3.1 WEBSITE

- Website needed　Y ☐　N ☐
- Hosting domain need　Y ☐　N ☐
- Please inform us on the main purpose of the website: [_____]
- Have you already prepared material regarding the graphics of your event?　Y ☐　N ☐
- Please indicate the EOGB Budget Line: [_____]

3.2 SCIENTIFIC PROGRAMME MANAGEMENT

- Abstract management needed　Y ☐　N ☐
- Expected number of abstracts: [_____]
- Abstract handling min [_____] max [_____]

5. DATA MANAGEMENT

5.1 COOKIES & RETENTION PERIOD

- Please note in the website developed to present the event we only use technical cookies. The data policy is displayed in the website and in the web application to support registrations and abstract management.
- Data gathered during the event are kept for 3 years after the end of the event. If you want to extend such period, please indicate it specifically.
- As data processors, we are not able to directly reach participants for future events. However, if the organiser, as data owner, want to keep participants data for future events, we must ask participants their willingness to be contacted again in the future. Please indicate whether you would be interested in asking participants to be informed on future events organised by ESA Orby other events partners (in this case their contact will be kept in our office).

6. EVENT SETTING

6.1 PROGRAMME ANNOUNCEMENT

- Do you have a prepared announcement to be sent to potential participants?   Y ☐ N ☐
- Event Programme: if yes, please describe below: ☐

6.2 PARTICIPANTS & SPEAKERS

- Estimated number of participants ☐
- Fee requested from participants   Y ☐ N ☐
- Do you want us to set up the online registration form?   Y ☐ N ☐
- Preparation and distribution of final lists of participants   Y ☐ N ☐
- Participants registration handling: Y ☐ N ☐
- Invited participants (min ☐ max ☐)
- Will you have invited speakers that need reimbursing/travel support?   Y ☐ N ☐

6.3 SUSTAINABILITY

- Do you want to certify your event as sustainable (ISO 20121)?   Y ☐ N ☐

7. TIMELINE

Milestones	Suggested date	Comments
Kick off meeting		
Budget signed		
Abstract submission		
Brella setting (for virtual)		
Event		

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8. OTHER
Please use this field to indicate if you need our support for any other activities not listed above:

8. TEAM MEMBERS

Please indicate below the main organisers and collaborators involved in the event and their main responsibilities in this project.

Name, Surname	Department	Role in this Event

Thank you for filling out our intake form. Please send it to **ecsat.mvcc.ecb@esa.int**. You will be contacted by one of our team members to discuss further details of your event.