

Conference room request

Approval Form



Required informatiton

Full Name :

Company :

Email :

Full Address :

Phone Number :

Event Date :

Event Time :

Numer of poeple :

Event theme :

Billing Address :

Thank you for your request. We will process and evaluate your request as soon as possible and get back to you.

For further information, please do not hesitate to contact us at info@m-space.ch.