



RELATED MEETING REQUEST FORM: DUE 09/06/2024

1. CONTACT INFORMATION: Name and email of person in charge of the details for meeting or function

Contact Person: _____
 Organization: _____
 Phone #: _____ E-mail Address: _____

2. PROGRAM INFORMATION:

Name of Meeting (as it should appear in the published program):

___ Please list as "by invitation only" in the program.
 ___ Please **DO NOT** list the meeting in the printed or online program.

1st Choice Date: ___ Sun 10/13/2024 ___ Mon 10/14/24 ___ Tues 10/15/24 ___ Wed 10/16/24

1st Choice Time (start & end): _____

2nd Choice Date: ___ Sun 10/13/2024 ___ Mon 10/14/24 ___ Tues 10/15/24 ___ Wed 10/16/24

2nd Choice Time (start & end): _____

List any meetings with which you would prefer not to overlap or must not conflict:

3. SET UP INFORMATION:

Estimated Group Size: _____

Preferred Seating: Note: Group size is limited with some seating arrangements.

- a. ___ theater (rows of chairs only)
- b. ___ conference table/hollow square (#)_____ people, with peripheral seating for (#)_____
- c. ___ U-shape with opening for A/V (#)_____ people at table, with peripheral seating for (#)_____
- d. ___ banquet (round tables and chairs)
- e. ___ reception (scattered round tables and chairs)
- f. ___ head table for: _____
- g. ___ standing podium

Audio-Visual needed? ___ Yes ___ No *If yes, please indicate your needs here (e.g., projector and screen, wi-fi, flip chart)*

Food or beverage? ___ Yes ___ No
Please indicate whether or not you want to include any refreshments during your function (Instructions for ordering and payment will be sent with your confirmation.)

Submit by September 6, 2024 to: Delaney Event Management;
Email: meg@delaneymeetingevent.com. **For questions, call:** 802-448-9065