



RELATED MEETING REQUEST FORM: **DUE 08/08/2025**

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 10/26/2025 ____ Mon 10/27/2025 ____ Tues 10/28/2025 ____ Wed 10/29/2025

1st Choice Time (start & end): _____

2nd Choice Date: ____ Sun 10/26/2025 ____ Mon 10/27/2025 ____ Tues 10/28/2025 ____ Wed 10/29/2025

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 August 8, 2025 to: Delaney Event Management;

Email: meg@delaneymeetingevent.com. **For questions, call:** 802-448-9065