

Mtg. Date		Mtg. Start /End T	ime	# of Attendees			
Contact Information							
Date of request		Are you a MEA/MESSA/ MEAFS Employee?	Contact Na	ime Company/Gro	Company/Group Name		
Department (if applicable)		Staff Referral	Cellphone	Email			
Address		City	State	Zip			

Meeting Information

Purpose of meeting:	

Please complete the following information:

Coffee/Bottled Water (based on number of attendees)	YES NO
Zoom Capability	YES NO
Do you have your own projector?	YES NO
Are you bringing your own food in? (MEA does have mini refrigerators for your use)	YES NO
Room setup? (please refer to room setup guide)	
Podium and microphone	YES NO
Easels	YES NO How many?
Will you need breakout rooms?	YES NO How many?

Please complete all sections of this request form. Once complete, send the form and any questions to Dominique Muse at DMuse@mea.org. Thank you!



