

Michigan Education Association Meeting Request Form

Mtg. Date		Mt	Mtg. Start /End Time				of Attendees	
Contact Information								
Date of request		Are you a MEA/MESSA/ MEAFS Employee? Yes No		Contact Name			Company/Group Name	
Department (if applicable)		Phone		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 ma	 ny?	

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



