

Michigan Education Association Meeting Request Form **Meeting Request Form**

Mtg. Date		Mtg	Mtg. Start /End Time				f 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	<u> </u>	NO		
Zoom Capability					YES [<u> </u>	NO		
Do you have your own projector?					YES [1	NO		
Are you bringing your own food in? (MEA does have mini refrigerators for your use)					YES [1	NO		
Room setup? (please refer to room setup guide)									
Podium and microphone					YES		NO		
Easels					YES [NO How ma	nv?	

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!



