



Michigan Education Association Meeting Request Form

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|------------------|--|-----------------------------|--|-----------------------|--|
| Mtg. Date | | Mtg. Start /End Time | | # of Attendees | |
|------------------|--|-----------------------------|--|-----------------------|--|

Contact Information

| | | | |
|----------------------------|---|--------------|--------------------|
| Date of request | Are you a MEA/MESSA/MEAFS Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No | Contact Name | 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) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Zoom Capability | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Do you have your own projector? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Are you bringing your own food in? (MEA does have mini refrigerators for your use) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Room setup? (please refer to room setup guide) | | |
| Podium and microphone | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Easels | <input type="checkbox"/> YES | <input type="checkbox"/> NO How many? _____ |
| Will you need breakout rooms? | <input type="checkbox"/> YES | <input type="checkbox"/> 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!



MICHIGAN EDUCATION ASSOCIATION