

OKLAHOMA BAR ASSOCIATION ANNUAL MEETING REQUEST FORM

GROUP NAME:

CONTACT NAME:

ADDRESS:

PHONE: _____ FAX:

E-MAIL:
.....

PREFERRED MEETING DATE:

WEDNESDAY _____ THURSDAY _____ FRIDAY _____

PREFERRED MEETING TIME: _____ AM/PM TO _____ AM/PM

TYPE OF MEETING: _____ SEMINAR/BUSINESS MEETING
_____ RECEPTION
_____ BREAKFAST OR LUNCHEON

MEETING ROOM SETUP: _____ CLASSROOM STYLE _____ U-SHAPED
_____ THEATER STYLE _____ HOLLOW SQUARE
_____ BANQUET STYLE _____ HALF CIRCLE
_____ CONFERENCE STYLE

SPECIAL NEEDS: _____ MICROPHONES -- HOW MANY: _____
_____ HEAD TABLE -- TO SEAT HOW MANY: _____
_____ STANDING PODIUM
_____ TABLE TOP PODIUM
_____ PHONE LINES
_____ OH PROJECTOR AND SCREEN
_____ OTHER A/V NEEDS (Please list)

BEVERAGES: _____ COFFEE _____ TEA _____ SOFT DRINKS _____ ALCOHOL

WILL YOU WANT FOOD? _____ YES** _____ NO

EXPECTED ATTENDANCE:

If you have any questions about items above, please contact Craig Combs at 405-7040, fax 405-416-7089 or e-mail at CraigC@okbar.org.

**Applicable menus will be mailed to you.