

**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 405-416-7001 or e-mail at CraigC@okbar.org.**

\*\*Applicable menus will be mailed to you.