OKLAHOMA BAR ASSOCIATION
ANNUAL MEETING
MEETING REQUEST FORM

GROUP NAME: ____________________________________________________________

CONTACT NAME: ________________________________________________________

ADDRESS: __________________________________________________________________________

PHONE: __________________ FAX: ___________________________________________

E-MAIL: __________________________________________________________________________

PREFERRED MEETING DATE: _________________________________________________________

TUESDAY _______ WEDNESDAY_________ THURSDAY __________

PREFERRED MEETING TIME: ___________AM/PM TO ______________ AM/PM

TYPE OF MEETING:

____ SEMINAR/BUSINESS MEETING
____ RECEPTION
____ BREAKFAST OR LUNCHEON
____ CLE

MEETING ROOM SETUP:

____ CLASSROOM STYLE
____ THEATER STYLE
____ BANQUET STYLE
____ CONFERENCE STYLE
____ U-SHAPED
____ HOLLOW SQUARE
____ HALF CIRCLE

SPECIAL NEEDS: ______ WIRED MICROPHONES ——— HOW MANY? ______
----------- HANDHELD WIRELESS MICROPHONES ——— HOW MANY? ______
---------- LAVALIER WIRELESS MICROPHONES ——— HOW MANY? ______
_________ HEAD TABLE ——— TO SEAT HOW MANY? __________
_________ STANDING PODIUM
_________ STAGE
_________ TABLE TOP PODIUM
_________ CONFERENCE PHONE
_________ INTERNET ACCESS
_________ 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 questions about items above, please contact Chris Brumit at 405-416-7040 or e-mail at chrisb@okbar.org.

** Applicable menus will be e-mailed to you.