



RELATED MEETING REQUEST FORM: **DUE 10/02/2020**

1. CONTACT INFORMATION:

Contact Person: _____
Organization: _____
Phone #: _____ E-mail Address: _____
Name and email of person in charge of the details for meeting or function:
(if different than contact person above) _____

2. PROGRAM INFORMATION:

Name of Meeting (as it should appear in the published program):

___ Please list as "by invitation only" in the program.

___ Please **DO NOT** list the meeting in the printed or online program.

1st Choice Date: ___ Sun 1/31 ___ Mon 2/1 ___ Tues 2/2 ___ Wed 2/3

1st Choice Time (start & end): _____

2nd Choice Date: ___ Sun 1/31 ___ Mon 2/1 ___ Tues 2/2 ___ Wed 2/3

2nd Choice Time (start & end): _____

List any meetings with which you would prefer not to overlap or must not conflict:

3. SET UP INFORMATION:

Estimated Group Size: _____

Preferred Seating: Note: Group size is limited with some seating arrangements.

- ___ theater (rows of chairs only)
- ___ conference table/hollow square (#)_____ people, with peripheral seating for (#)_____
- ___ U-shape with opening for A/V (#)_____ people at table, with peripheral seating for (#)_____
- ___ banquet (round tables and chairs)
- ___ reception (scattered round tables and chairs)
- ___ head table for: _____
- ___ standing podium

Audio-Visual needed? ___ Yes ___ No *If yes, please indicate your needs here (e.g., projector and screen, wi-fi, flip chart)*

Food or beverage? ___ Yes ___ No

Please indicate whether or not you want to include any refreshments during your function

For food, beverage, and audio-visual requirements, specific arrangements and payments are to be coordinated directly with the hotel. Pricing and Instructions for ordering will be sent with your confirmation.

Submit by October 2, 2020 to: Delaney Meeting & Event Management, 46B Main Street, Winooski, VT 05404
Email to: info@delaneymeetingevent.com. **For questions call:** 802-865-5202