*Northern District Council*

***Auxiliary Program Request Form***

*Please complete one form for each day. (Rev2022)*

***FORM MUST BE SUBMITTED 45 DAYS BEFORE COUNCIL BEGINS***

|  |  |
| --- | --- |
| Name of Auxiliary |  |
| Contact Name |  |
| Contact Auxiliary Title |  |
| Phone Number |  |
| Email Address |  |
| Council  (Month / Year) |  |
| Event Date  (Day/Date) |  |

Do you have a guest speaker that needs travel arrangements? Yes No

If yes: Hotel:

Flight:

Are there any special requirements needed?

Allergies?

\*\*Travel coordinator will contact you to book arrangements \*\*

Any service in the sanctuary is automatically auditorium seating. Business sessions for Men, MCWA, CEA, Council and PYPU will have skirted tables and microphones. Requests for additional equipment will be fulfilled based on what the location allows or can accommodate. You will be notified concerning any special requests.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | | | **Phone #** | | **Email** | | | **Dates Needed** | | |
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| **Start Time** | **End Time** | **Session Type (Service, Seminar, Panel, meeting, Workshop, Etc.)** | | **Session Title & Name of speaker, presenter (s) etc.** | | # of attendees  Expected | **Room set up**  **(Board Room**  **Classroom,**  **Auditorium)** | | AV requests (PowerPoint, mic, podium, Internet) |
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