

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)	

Guest Speaker
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 **

Staff Hotel Accommodations Request

Name	Phone #	Email	Dates Needed



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.

Start Time	End Time	Session Type (Service, Sem- inar, Panel, meeting, Work- shop, Etc.)	Session Title & Name of speaker, presenter (s) etc.	# of attendees Expected	Room set up (Board Room Classroom, Auditorium)	AV requests (PowerPoint, mic, podi- um, Internet)