



AEAONMS Meeting Room Request

Group Name _____ Contact Name _____ Cell Phone _____

Email Address _____

On-site contact, if different than above _____
(Name, cell phone, email)

Date(s) / times meeting space is needed:

Date	Starting – ending time

Number of attendees _____ Post Event As _____

Desired room set:

Theater Conference Classroom Reception Banquet Hollow Square Office
 Other (please specify) _____ Podium Head table (qty) _____

Audiovisual requirements:

Microphone Screen Projector Other _____

Internet access:

Yes No If yes, Wireless Streaming/dedicated hardline

Additional requirements / notes / comments: _____

Please submit the completed form by _____.

- Meeting space will be provided based on availability.
- We reserve the right to reassign space as needed. Advance notice will be given should this occur.
- There will be a fee of \$_____ for space assigned but not used.

***DUE DATE *** MUST BE TURNED IN BY 4-1-2026 (11:59 PM)

AEAONMS Use Only	Date Received	Room Assigned
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Director Frederick M Bell

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Chief Dep Elrico Rackard

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