



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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