

APPOINTMENT/MEETING REQUEST FORM

Office Use Only
/ /

Please complete this form and submit as soon as possible.
Send requests to the director's scheduling office: P.O. Box 30004, Lansing, MI 48909
I.D. Mail: 4th floor, Ottawa Building, Lansing Run
Fax: (517) 373-2129

Event Information

Event	Topic (Please be specific)
Date of Event	
Time of Event Reception Begins: End: Meal Begins: End: Program Begins: End:	Location: Our Office: Other: Our Office: Other: Our Office: Other:
Event Request (Check all that apply) Attend Only Keynote Speech Panel Greetings/Comments Meeting Present Proclamation/Grant/Award Representative Desired if Director Unavailable? Other:	General Information Questions and Answers Other Speakers? Other Event Details:

Contact Information

Requestor's Name:	Title:	
Organization/Association/Firm/Office		
Mailing Address		
Office Phone	Cell Phone	Fax Number
E-mail Address	Home Phone or Other Emergency After-Hours Contact	

Attendee Information

Attendee Description (i.e., Association members, students, general public, seniors, etc.)	Number Expected to Attend
Director's Office use - Names of Others to be included in Event/Appointment/Meeting (Check all that apply)	
<input type="checkbox"/> Director's Staff: _____ <input type="checkbox"/> Media Staff: _____ <input type="checkbox"/> OPLA Staff: _____ <input type="checkbox"/> MEDC Staff: _____ <input type="checkbox"/> MDCD Staff: _____ <input type="checkbox"/> Bureau/Office Staff: _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> H/P _____ <input type="checkbox"/> L/P _____