**SOMA Meeting Request Form** *(Non-Affiliate)*

**Name of Meeting:** Click here to enter text.

**Committee/Chapter/Group Responsible:** Click here to enter text.

**Contact Name: Phone Number:** Click here to enter text.

**Contact Email:** Click here to enter text.

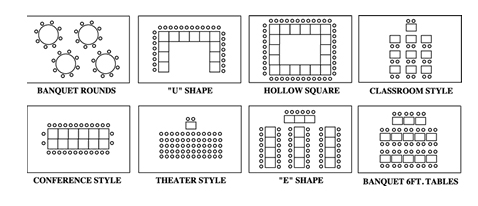
**Requested Date:** Click here to enter text. **Requested Time:** Click here to enter text.

**Number of Attendees Expected:** Click here to enter text.

**Room Setup Requested (REQUIRED)**

**Rounds  U-Shape  Hollow Square  Classroom**

**Theater  E-Shape  Banquet 6 Ft. tables  Conference**



**Podium**

**Head table**

**# 3 of presenters at Head Table**

**Audio/Visual Needs (REQUIRED)**

*Please note if your committee/chapter/group does not have a budget for AV through SOMA, you will not have AV or you will need to provide payment in advance for these items.*

**No AV required**

**LCD Projector**

**Laptop**

**I will be bringing my own laptop for projection**

**Podium Microphone**

**#\_\_\_\_ Wireless Lavaliere Microphone(s)**

**#** Click here to enter text. **Table Top Microphone(s)**

**#** Click here to enter text. **Flipchart(s) and Markers**

**Other:** Click here to enter text.

**Food & Beverage Needs**

*Please note if your committee/chapter/group does not have a budget for F&B through SOMA, you will not have F&B or you will need to provide payment in advance for these items.*

**Please list:** Click here to enter text.

**Person/Organization Responsible for Additional Payment** *(for additional AV/F&B only)*

**Name:** Click here to enter text. **Phone:** Click here to enter text.

**Email:** Click here to enter text.

**Address:** Click here to enter text.