**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.