



Meeting Checklist

(Please fax Valerie with this information 914-232-8211)

This must be completed 60 days prior to event

Chairperson(s) _____

Topic _____

Date/ Time: _____

Location: _____

Sponsor Name _____

Contact Name _____

Telephone Number _____

Address _____

(You may request Valerie to assist with location 914-232-7240)

Location of Event _____

Contact Name/Telephone _____

Guarantee number of attendees _____

Deposit Required _____

Officer who signed Contract _____

Speakers Name(s) _____

Contact Number _____

Address _____

AV Equipment Needed _____

Registration Form sent to Valerie _____

Cost _____ AIA _____ Associate _____ Non member

Number of CES Credits _____ HSW ____ yes ____ no

Description of event: _____
