REQUEST FOR DEPARTMENT OFFICER OR REPRESENTATIVE

Auxiliary Name _____ Aux. #_____ Dist. _____

Location of Event _____

Date & Time of Event _____ **Type of Event** _____

Will the event include a meal? Yes _____ No _____

If Yes, please enter time below:

Breakfast _____ Dinner _____

Lunch _____ Cocktail/Social Hour _____

Estimated length of Program: _____

Dress Code: Formal _____ Informal _____

Business _____ Uniform _____

Function of the Officer/Representative?

Guest Speaker _____ Comments only _____ Other _____

Name of Officer/Representative Requested:

First Choice: _____

Second Choice: _____

Third Choice: _____

Contact person or Chairman or Host/Hostess:

Name _____

Email: _____

Telephone: _____ Post Telephone: _____

Assigned Aide to the Representative _____

Additional Information: _____

_____

_____

Mail request to: Dept. Secretary

924 N. Washington Ave.

Lansing. MI 48906-5136

Email: misec@asiserve.net

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