

## MEETING REQUEST FORM

Requested By: \_\_\_\_\_ Department: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Meeting Details:

Meeting Title: \_\_\_\_\_

Purpose / Agenda: \_\_\_\_\_

Proposed Location: \_\_\_\_\_

Requested Duration (minutes): \_\_\_\_\_

Preferred Date(s) and Time(s): \_\_\_\_\_

Attendees (names and roles): \_\_\_\_\_

### Additional Information / Special Requirements:

Please specify any special equipment, room setup, accessibility needs, or other relevant information to facilitate the meeting request.

### Approval Section:

Supervisor / Manager Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Terms and Conditions:

1. The meeting request is subject to availability and approval by the appropriate authorities. 2. The requester agrees to provide accurate information and follow organizational policies. 3. Meeting rooms and equipment must be used responsibly and left in good condition. 4. Cancellations or changes should be communicated as soon as possible. 5. The organizer assumes responsibility for all attendees and any damages incurred during the meeting. 6. The organization reserves the right to deny or reschedule meetings as necessary. 7. This form and approval process comply with all applicable United States laws and organizational regulations.

**REQUESTER'S SIGNATURE**

**APPROVER'S SIGNATURE**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

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