

Plan Your Conference

Michigan Union
Michigan League

Name of Conference: _____

Event Contact: _____ Shortcode or Method of payment: _____

Date(s): _____ Guest Count: _____

Who should we contact on-site with questions? _____

Please Attach a conference agenda to this form.

Will you be having a Poster Session or exhibitor showcase? _____

Will you need a storage room? _____

Will you need to store items overnight inside any of your conference rooms? _____

You may reserve a small conference room from 7:00 a.m. to 11:00 p.m. for storage purposes.

Where will you be holding registration? When? _____

What are your registration requirements? Table size, Ethernet, Message Board, Telephone, etc.? _____

Will you be providing any special conference signage? _____

Catering Selections	1 st Day	2 nd Day	3 rd Day	4 th Day	5 th Day
Morning Coffee Service					
Breakfast					
Morning Break					
Refresh					
Lunch					
Afternoon Break					
Refresh					
Reception					
Dinner					

Timeline		
Time	Event	Room(s)
	Registration	
	Breakfast	
	Session	
	Morning Break	
	Session	
	Lunch	
	Session	
	Afternoon Break	
	Session	
	Reception	
	Dinner	
	Event Ends	

