

**REQUEST FOR SMA ALLIANCE PRESIDENT
TO ATTEND MEETING/FUNCTION**

FROM: Organization Name: _____
Meeting/Function: _____ Date: _____
Location (City) of Meeting: _____
Name of Person Requesting Representative: _____
Organization URL: _____

Onsite Contact Person for SMAA Leadership:
Name _____
Email Address _____ Phone _____

Name of Hotel and URL address: _____

Arrival Date: _____ Departure Date: _____

Registration Required: yes___ no___ Fee: yes___ no___

FUNCTIONS THE SMA ALLIANCE LEADERSHIP WILL HAVE AN OPPORTUNITY TO ATTEND:

(a) Board Meeting? yes___ no___ intro only___ greetings___ speech___ length___ dress* _____

(b) General Session? yes___ no___ intro only___ greetings___ speech___ length___ dress* _____

(c) Other functions (list below)

_____ date_____ time_____ dress*_____ fee___ yes___ no

_____ date_____ time_____ dress*_____ fee___ yes___ no

_____ date_____ time_____ dress*_____ fee___ yes___ no

Comments: _____

*Please note type of dress for functions: casual, business, business professional or cocktail

PHOTOGRAPH AND BIOGRAPHICAL MATERIAL, IF NEEDED, TO BE SENT TO: _____
Date needed: _____

TO WHOM SHOULD THE SMA STAFF DIRECT CORRESPONDENCE AND QUESTIONS?

PLEASE RETURN COMPLETED FORM AND AN AGENDA IF AVAILABE TO:

SMA Alliance
Attention: Kendra Blackmon
35 W. Lakeshore Drive, Suite 201
Birmingham, AL 35209
Phone: 800/423-4992 Ext. 164; Fax: 205/945-1548; Email: kblackmon@sma.org