

Invitation Form

	^Meeting Date:			
		Chapter Event: (chapter meeting, convention, etc.)		
(Name of Chapter)		(cha	pter meeting, convention, etc.)	
		Chapter Contact:		
		Chapter Contact:		
(Meeting Facility)				
Officer/Staff/Board Liaison Member In	vited:			
If invitation is for SMACNA Officer or National Sta			on), will the chapter cover all local No	
Will invitee be asked to speak at the me	eeting?	Yes	No	
Name of session/program invitee will a	ddress:			
(date)	(time) (attire, i.e., casual, business, etc.)		sual, business, etc.)	
Anticipated audience composition at th	is session:			
% SMACNA Contractors	% Non-Member IFUS Contributors		% Spouses	
% Associate Members (suppliers)	% Other Industry Representatives		% State/Federal Govern Representatives	ment
% Other(please explain)			Total Attendees	
Subject(s) for address:				
Length of time allotted for address:	Oth	er speakers at this session	1:	
Should Mr./Mrs	plan to attend?	Yes	No	
Activities in which Mr./Mrs		_ is invited to participate		
Other events invitee(s) are invited to at golf/tennis tournament, etc.)	tend/participate in du	ring the visit (i.e., assist v	with awards presentation at banqu	ıet,
If would be helpful if	could a	rrive on	(date/time)	
and depart on				

Please complete this form and return to $\underline{dforde@smacna.org}$. You may also fax the completed form to (703) 803-3732. If you have any questions, please call Deborah Forde at (703) 995-4028.

*Please allow adequate lead-time to coordinate your request. All requests are processed in the order they are received.