

# Employer meeting request form

Contact name: \_\_\_\_\_

Contact telephone number: \_\_\_\_\_

Contact email address: \_\_\_\_\_

Employer name: \_\_\_\_\_

Meeting location: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Shipping address: (If different from meeting location)

\_\_\_\_\_

\_\_\_\_\_

Number of attendees expected: \_\_\_\_\_

Meeting type: Individual \_\_\_\_\_ Group \_\_\_\_\_ Combination \_\_\_\_\_

Date requested:

If you have specified dates please enter here. If you are flexible with dates, please note on form

\_\_\_\_\_

Room setup requirements:

- Individual Meetings: Private room, telephone, WiFi access
- Group Meeting: Screen or white wall, table for projector, extension cord and outlet

**Please remember you must request your meeting 45 days in advance.**

Please email completed form and/or questions to: [ARPEdRequests@empower-retirement.com](mailto:ARPEdRequests@empower-retirement.com)