



**TMA-MSS Brown Bag
Luncheon Series Request Form**



Chapter Name: _____ Contact Name: _____

Telephone: _____ Email: _____

Topic Requested: _____

Speaker Requested: _____ Speaker's Title: _____

I have contacted the speaker: yes no I need a bio yes no

Luncheon Date: _____ Time: _____

Where will the luncheon take place? _____

Building: _____ Room: _____

Expected Attendance: _____

Onsite Contact Name: _____

Onsite Contact Cell number (for that just-in-case moment): _____

Name of Food Vendor: _____ Vendor's Phone #: _____

Quote/estimate for the cost of the lunch:

Food: \$ _____ Drinks: \$ _____ Delivery charge: \$ _____

Additional comments: _____

Please submit this form to MSS Section Coordinator, 3 weeks prior to the luncheon. Forms may be mailed to: 401 W. 15th Street , Austin, Texas 78701; faxed to: 512-370-1693; or emailed to: MSSinfo@texmed.org.