

FORM FOUR (4)
GUIDELINES FOR DATE, TIME AND PLACE OF MEETING

*Mail this form to the TAHV President, TAHV President Elect, and TAHV 1st Vice President by July 15th
(Further instructions: see Guidelines for Lodging Reservations)*

DISTRICT _____ **MEETING DATE:** _____

HOSTED BY: _____
VOLUNTEER GROUP

District Meeting Coordinator: _____

Telephone: _____
Home Cell Office

Email: _____

District Meeting Coordinator: _____

Telephone: _____
Home Cell Office

Email: _____

GENERAL MEETING INFORMATION

Anticipated Meeting Schedule:

Coffee Hour/Registration Starts: _____ Ends: _____

Morning Session Starts: _____ Ends: _____

Luncheon Starts: _____ Ends: _____

Afternoon Session Starts: _____ Ends: _____

FORM FOUR (4) *(continued)*
GUIDELINES FOR DATE, TIME AND PLACE OF MEETING

PLACE OF MEETING

Name of Meeting Place _____

Address of Meeting Place _____

Name of Meeting Room _____
(if applicable)

Telephone Number: _____

LODGING ARRANGEMENTS FOR TAHV TRAVELING OFFICERS

(Further instructions: see Guidelines for Lodging Reservations)

Hotel Name: _____

Address: _____

Telephone Number: _____

Arrival Date: _____ Departure Date: _____

Confirmation Numbers:

President: _____

President Elect: _____

First Vice President: _____

NOTE:

Has "Late Arrival" Been Arranged/Guaranteed? Yes _____ No _____