

DEADLINE: November 12, 2021

Attachment 1: Menu Function Information

***Menu & Break Details Only**

Group Name: _____

Date: _____

(Last Date Updated)

Day/Date	Start Time	End Time	# of Attendees	*Room Set Up	*Menu Items

*Please detail all menu items. **Please see Hotel Menu Options to complete form.*

*Room Setup options on Saturday include: Classroom or theater.

*Menu prices are subject to change.

Return form to:
Missouri State Medical Association
113 Madison Street, P. O. Box 1028
Jefferson City, Missouri 65102
Fax 573-636-8552
bstennis@msma.org

If you need additional space, please duplicate this sheet.