



**MISSISSIPPI STATE UNIVERSITY™**  
**ALUMNI ASSOCIATION**

**Chapter Meeting Mailing Request**

*Alumni Office use only*  
*Date Received:*  
*To be mailed by:*

**Chapter Name:**

**Requesters Name:**

**Phone # and E-mail:**

**Type of Meeting:**    dinner            luncheon    picnic            hors d'oeuvres  
                                 Social            golf tournament     other\_\_\_\_\_

**Date of Meeting:**

**Location of Meeting:**

**Time:** \_\_\_\_\_ Social            \_\_\_\_\_ Dinner/Meeting

**Cost:** \_\_\_\_\_ Adult            \_\_\_\_\_ Child

**Requested Speaker(s):**

**RSVP to (email and phone):**

**RSVP/Payment/Ticket Purchase deadline:**

**Place(s) to Purchase Tickets in advance:**

**For More Information contact:**

**Additional Information:**

**E-mail invitation proof for approval to:**