



MEETING CHANGE FORM

You may fax completed form to (313) 874-3724.

MEETING INFORMATION

Type of Change Request: Additional Requests Cancellation Other Changes

Requesters Name:		Date of Request:
Original Meeting Date:	Original Meeting Time:	Original Campus Site:
New Meeting Date:	New Meeting Time:	New Campus Site:
Meeting Title:		
Reason For Change:		

Please note:

All changes must be made in writing and are considered official on the date they are received. Changes must be received and approved by Chief Ministry Officer at least 14 days in advance before change is confirmed. (Note: Cancellations will not be approved if today's date is less than 14 days before meeting is scheduled.)

FOR OFFICE USE ONLY

Date Cancellation Received: _____ Date Cancellation Forwarded to Catering & Events Director: _____

Approved Not Approved

Comments: _____

