

EXHIBIT TABLE REQUEST

COMMISSION/COMMITTEE/DEPARTMENT (please circle one)

TABLE NAME _____

PERSON REQUESTING _____

DAYTIME PHONE _____

EMAIL ADDRESS _____

* NEEDS FOR DISPLAY _____

OTHER INFORMATION _____

DATE(S) TABLE NEEDED _____

* You will be responsible for the cost of any items other than one (1) banquet table and two (2) chairs. The CEA meeting planner will contact you with the applicable charge(s) for these additional items, and you will be billed immediately following the RA.

Return this form by Friday, March 6, 2009, to:

Elizabeth Antonopoulos
Connecticut Education Association
Capitol Place, Suite 500
21 Oak Street, Hartford, CT 06106
800-842-4316 or 860/525-5641 ext 6338
Fax 860/725-6357
e-mail: elizabetha@cea.org

Only requests made in writing on this form will be considered. Thank you.