

Form A-4

To: _____ FAX _____ Please complete this form!

FAX to Joan DeCain at 5-1038 or mail to: Support Services B-361 RHOB Washington, D.C. 20515

This form must be returned by the Member's office in 7 days to confirm request

ROOM RESERVATION & CONFIRMATION FORM

HOUSE OFFICE BUILDINGS

* Except the Cannon Caucus Room (Use Capitol Request)

MEMBERS NAME:		OFFICE ADDRESS:	
STAFF CONTACT:		PHONE #:	FAX:
RESERVATION DATE: / /	START TIME:	END TIME:	
ROOM REQUESTED:		NUMBER ATTENDING:	
HOST GROUP OR EVENT NAME:			
HOST GROUP OR EVENT CONTACT:		TELEPHONE:	
TYPE OF EVENT <small>(CIRCLE ONE)</small>	MEETING	RECEPTION	BREAKFAST LUNCH
	DINNER	PRESS CONFERENCE	OTHER

IF AN OUTSIDE CATERER IS TO BE USED:	NAME: _____
	CONTACT: _____
	PHONE #: _____
Please specify room set-up:	
A. Meeting style	
___ Theater	
___ Conference	
B. Reception/Meal	
___ Standing	
___ Seated	
C. Exhibits, Yes ___ No ___	
Please note audio visual needs and other special requirements in the space to the right.	_____

(If necessary, draw a room diagram on the back of this form.)	_____

I understand that I am to be present at the event, and I certify that the proposed use of the above room complies with the conditions in the House Office Building Commission Rules.

_____/_____/_____
Member of Congress - Signature _____/_____/_____
Date

Support Services Office Use	Any questions may be directed to Joan DeCain Office of Support Services B-361 RHOB 5-3374
Date confirmed ____/____/____	Confirmed by: _____