

FAX TO: 226-1996 OR  
MAIL TO: Office of the Speaker  
U.S. Capitol, Rm H-326  
ATTN: Kathleen Taylor

ENCLOSURE A-3

**ROOM CONFIRMATION FORM**

**USE THIS FORM TO CONFIRM BOOKING OF AN "HC" ROOM OR  
THE CANNON CAUCUS ROOM. DO NOT USE THIS FORM TO  
REQUEST A ROOM.**

MEMBER'S NAME \_\_\_\_\_

MEMBER'S OFFICE ADDRESS \_\_\_\_\_

STAFF CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

EVENT DATE \_\_\_\_\_

RM ENTRY & EXIT TIME \_\_\_\_\_

ROOM # OR NAME \_\_\_\_\_

MEETING TOPIC  
OR EVENT NAME \_\_\_\_\_

NUMBER ATTENDING \_\_\_\_\_

TYPE OF EVENT: MEETING RECEPTION BREAKFAST LUNCH DINNER PRESS CONF  
(Circle one)

\_\_\_\_\_  
I understand that I am expected to be present at the event and I certify that the proposed use of the above room is for Congressional purposes and complies with the conditions in the House Office Building Commission Rules. If I am unable to attend, a proper representative from my staff will be in attendance.

\_\_\_\_\_  
Member of Congress