

CONFERENCE ROOM RESERVATION REQUEST
 PARKLAWN BUILDING

TO: Conference Control Center, ASC
 Room 3B-55, Parklawn Bldg. (301)443-2585 FAX: (301)443-2559

DATE(S) CONFERENCE ROOM NEEDED	TIME (Duration of Meeting) FROM : TO :
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NUMBER OF ATTENDEES EXPECTED	TYPE OF MEETING <input type="checkbox"/> STAFF <input type="checkbox"/> INDUSTRY <input type="checkbox"/> ADVISORY (Send/Attach List)
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NAME/TITLE OF MEETING

SUPPORT ITEMS REQUIRED

<input type="checkbox"/> OVERHEAD PROJECTOR	<input type="checkbox"/> PODIUM	<input type="checkbox"/> VCR	<input type="checkbox"/> TAPING	<input type="checkbox"/> OTHER (Place in Remarks)
<input type="checkbox"/> SATELLITE	<input type="checkbox"/> ETHERNET		<input type="checkbox"/> AUDIO	<input type="checkbox"/> VIDEO

CONFERENCE ROOM SET-UP STYLE

<input type="checkbox"/> 8 TABLE T-STYLE	<input type="checkbox"/> U-TABLE STYLE	<input type="checkbox"/> AUDITORIUM STYLE	<input type="checkbox"/> CLASS-ROOM STYLE	<input type="checkbox"/> OTHER (Describe below)
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NAME OF INDIVIDUAL SPONSORING MEETING	TELEPHONE
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REMARKS

REQUESTED BY	DATE
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ORGANIZATION	BLDG./ROOM NO.	TELEPHONE ()	CUSTOMER NO.
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RESERVED			
REQUEST CONFIRMATION		CONFIRMED BY	
DESIGNATED ROOM: _____			
SUPPORT ITEMS AMENDED: <input type="checkbox"/> YES _____			
CONFERENCE DATE(S) AMENDED: <input type="checkbox"/> YES _____ <i>and End</i>			
		EFF. DATE	TRACK NO.