Form A-4

To:_____FAX_____Please complete this form in full.

Please send via inside mail to: Support Services B-361 RHOB Washington, D.C. 20515 or FAX to 5:1038

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

SPECIAL EVENTS ROOM 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 RESERVED:	NUMBER ATTENDING:	
HOST GROUP OR EVENT NAME:		
HOST GROUP OR EVENT CONTACT:	TELEPHONE:	

TYPE OF EVENT (CIRCLE ONE) MEETING RECEPTION BREAKFAST LUNCH MEET & GREET 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:_____	