# MEETING ROOM 206 RESERVATION

The following information must be complete and submitted to the Receptionist. Requests will be confirmed or denied, depending upon the availability of Room 206. Should you wish to cancel your request, please complete the lower portion of your confirmation copy and submit it the Receptionist. If the Receptionist needs to cancel your reservation, you will be notified in writing and by telephone. **MAXIMUM CAPACITY is 40 occupants.**

**Date of Meeting:**

**Start Time:** ______________

**Adjourn Time:** ______________

**Organization:** __________________________________________________________

**Name of the ADA Building Contact Person:** ___________________________________

**Phone:** ______________________

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**In order to reserve Room 206 you MUST provide the name of a person who works in our building as your point of contact.**

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**I UNDERSTAND THAT I AM RESPONSIBLE FOR:**

1. If furniture is moved, return it to the original location. If food is served, clean the tables following your function.
2. Keeping the noise level down.
3. Special Needs Arrangements: Please ask you building contact person rather than visiting employees working in their offices.
4. Meeting publicity announcements should this be an OPEN MEETING.
5. Read Emergency Evaluation Procedures to meeting attendees before each meeting.

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**Signature of Person Reserving Room** __________________________ **Date** ______________

**Printed Name of Person Reserving Room** __________________________ **Telephone Number** ____________ **Fax Number** ____________

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**CONFIRMATION OF ROOM RESERVATION**

Room 206 has been reserved as requested above. __________

Reservation has been denied due to prior commitment. __________

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**Signature of Receptionist** __________________________ **Date** ______________

**Printed name of Receptionist** __________________________

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**CANCELLATION REQUEST**

*The above reservation is no longer needed. Please cancel this request.*

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**Signature of Person Cancelling Request** __________________________ **Date** ______________

**Printed Name of Person Cancelling Room** __________________________