



## CONFERENCE ROOM RESERVATION

APPLICANT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

DATE OF RESERVATION \_\_\_\_\_

HOURS DESIRED \_\_\_\_\_

ANTICIPATED ATTENDANCE \_\_\_\_\_

PERSON, ASSOCIATION, OR CORP. SPONSORING ACTIVITY \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrative Official

\_\_\_\_\_  
Date

### TO BE COMPLETED AFTER YOU RECEIVE THE CONFERENCE ROOM KEY

I accept this key with the understanding that I will, to the best of my ability, protect the contents of the conference room. I agree that this key is for MY USE ONLY and that I will be held liable for any and all damage that may occur.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date