OEOB CONFERENCE & ROOSEVELT ROOM RESERVATION

Date of Meeting: _____

Time: _____ **To:** _____

All reservation forms should be submitted at least 48 hours prior to events.

Name of Individual Hosting Event: | **Office/Agency:**

Staff Contact: | **Extension No.:** | **Pager No.:** | **Room No.:**

Type of Event:
❑ *Meeting* ❑ *Reception* ❑ *Other* _____

Name/Description of Event:

Number of Outside Guests: _____

Total Number of Attendees: _____

In Attendance:
❑ *President* ❑ *First Lady* ❑ *Vice President* ❑ *Mrs. Gore*

Room(s) Requested:
❑ *Roosevelt Room* • ❑ *Room 180* ❑ *Room 472* ❑ *Room 474 (Indian Treaty Room)*
❑ *Room 476* ❑ *Room 450* ❑ *Room 459*

General Services: ❑ *Elevator Service (elevator #4)*

Time Reserved: _____ ❑ *Podium* ❑ *Flags*

Special Room Arrangements for the Indian Treaty Room:

❑ *Conference Style* ❑ *Theatre Style* ❑ *Other* _____

Number of Chairs: _____ *Number of Table(s):* _____

Entrance/Gate Preferred:

❑ *Pennsylvania Avenue (OEOB)* ❑ *East Visitors Gate*
Note: the 17th & "G" Street entrance is wheelchair accessible.

Additional Requirements or Requests: _____

_____

_____

_____

• **Roosevelt Room Reservation Forms must be returned to the West Wing receptionist (FAX # 6-1210)**

OEOB Room Reservation Forms must be returned to Room 1, OEOB (FAX # 6-6472)

All reservation forms should be submitted at least 48 hours prior to events.

WHITE HOUSE CONFERENCE CENTER ROOM RESERVATIONS

Date of Meeting: _____

Time: _____ **To:** _____

This form must be submitted within 24 hours after making your reservation.

Name of Individual Hosting Event: | **EOP Office/Agency:**

Staff Contact: | **Extension No.:** | **Pager No.:** | **Room No.:**

Type of Event:

❑ *Meeting* ❑ *Reception* ❑ *Other* _____

Name/Description of Event:

Number of Outside Guests: _____

Total Number of Attendees: _____

In Attendance:

❑ *President* ❑ *First Lady* ❑ *Vice President* ❑ *Mrs. Gore*

White House Conference Rooms Requested:

❑ TRUMAN ROOM ❑ WILSON ROOM ❑ EISENHOWER ROOM ❑ JACKSON ROOM ❑ LINCOLN ROOM

General Services:

Time Reserved: _____ *Floors Reserved:* _____ ❑ *Podium* ❑ *Flags*

Special Room Arrangements:

❑ *Conference Style* ❑ *Theatre Style* ❑ *Other* _____

Number of Chairs: _____ *Number of Table(s):* _____

Additional Requirements or Requests: _____

_____

_____

_____

Form must be returned to FAX # 456-6791 or to 726 Jackson Place within 24 hours after making your reservation.

Please feel free to duplicate this form for future use.