

FOIA MARKER

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Collection/Record Group: Clinton Presidential Records
Subgroup/Office of Origin: National AIDS Policy Office
Series/Staff Member: Sandra Thurman
Subseries:

OA/ID Number: 40014
FolderID:

Folder Title:
Room Reservation Forms

Stack:	Row:	Section:	Shelf:	Position:
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OFFICE OF NATIONAL AIDS POLICY
EXECUTIVE OFFICE OF THE PRESIDENT
THE WHITE HOUSE

FACSIMILE TRANSMITTAL SHEET

TO:

FROM:

COMPANY:

DATE:

October 19, 2000

FAX NUMBER:

4-6472

TOTAL NO. OF PAGES INCLUDING COVER:

PHONE NUMBER:

RE:

Indian Treaty Room Reservation

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

Please note change of time on
request and call me if there's
a conflict. Thank you!

Cheryl (456-2959)

736 Jackson Place
Washington, DC 20503
(202) 456-2437
(202) 456-2438 (fax)



OEOb CONFERENCE & ROOSEVELT ROOM RESERVATION

Date of Meeting: Oct. 25, 2000
Time: 5:00 To: 8:00

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

Name of Individual Hosting Event: <u>Sandra Thurman</u>		Office/Agency: <u>ONAP (AIDS Policy)</u>	
Staff Contact: <u>Cheryl Bauerle</u>	Extension No.: <u>6-2959</u>	Pager No.: _____	Room No.: <u>736 JP</u>
Type of Event: ☐ Meeting ☒ Reception ☐ Other _____			
Name/Description of Event: <u>reception in honor of the reauthorization of the Ryan White CARE Act.</u>			
Number of Outside Guests: <u>100</u>	In Attendance: _____		
Total Number of Attendees: <u>120</u>	☐ President ☐ First Lady ☐ Vice President ☐ Mrs. Gore		
Room(s) Requested:			
☐ Roosevelt Room *		☐ Room 180	☐ Room 472
☐ Room 476		☐ Room 450	☒ Room 474 (Indian Treaty Room)
General Services: ☐ Elevator Service (elevator #4)			
Time Reserved: _____ ☐ Podium ☐ Flags			
Special Room Arrangements for the Indian Treaty Room:			
☐ Conference Style ☐ Theatre Style ☒ Other <u>set of 'cocktail' style - long table in the middle, table @ one end for bar.</u>			
Number of Chairs: <u>10</u> 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: <u>Also needed - podium with microphone</u>			

* 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.

*** TX REPORT ***

TRANSMISSION OK

TX/RX NO	1655	
CONNECTION TEL		66472
CONNECTION ID		
ST. TIME	10/19 12:24	
USAGE T	00'48	
PGS.	2	
RESULT	OK	



OFFICE OF NATIONAL AIDS POLICY
EXECUTIVE OFFICE OF THE PRESIDENT
THE WHITE HOUSE

FACSIMILE TRANSMITTAL SHEET

TO:

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RE:

Indian Treaty Room Reservation

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

Please note change of time on
request and call me if there's
a conflict. Thank you!



OEOB CONFERENCE & ROOSEVELT ROOM RESERVATION

Date of Meeting: November 5
 Time: 2 PM To: 4 PM

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

Name of Individual Hosting Event: <u>Tom Summers</u>		Office/Agency: <u>Wt. Office of Natl. AIDS Policy</u>	
Staff Contact: <u>Sarah Holwinski</u>	Extension No.: <u>632-1090</u>	Pager No.:	Room No.: <u>820</u>
Type of Event: ☒ Meeting ☐ Reception ☐ Other _____			
Name/Description of Event: <u>Meeting concerning HIV/AIDS Prevention (experts, etc.)</u>			
Number of Outside Guests: <u>9</u>	In Attendance: <u>N/A</u>		
Total Number of Attendees: <u>10</u>	☐ 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: <u>N/A</u>			
☐ 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: <u>Please call Sarah @ 632-1090 if the room is taken for time/date requested - we could also use Rm. 476 if 472 is unavailable -</u> <u>Thanks!</u>			

* 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.



EOOB CONFERENCE & ROOSEVELT ROOM RESERVATION

Date of Meeting: May 24, 1999

Time: 5:00 To: 6:00

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

Name of Individual Hosting Event: <u>Sandra Thurman</u>		Office/Agency: <u>Office of Nat'l AIDS Policy</u>	
Staff Contact: <u>Cheryl Bauerle</u>	Extension No.: <u>6-2959</u>	Pager No.: _____	Room No.: <u>936 Jackson Pl.</u>
Type of Event: ☒ Meeting ☐ Reception ☐ Other _____			
Name/Description of Event: <u>CBC / AIDS Initiative</u>			
Number of Outside Guests: <u>10</u>		In Attendance:	
Total Number of Attendees: <u>12</u>		☐ President ☐ First Lady ☐ Vice President ☐ Mrs. Gore	
Room(s) Requested:			
☒ Roosevelt Room *		☐ Room 180	
☐ Room 476		☐ Room 450	
		☐ Room 472	
		☐ Room 459	
		☐ Room 474 (Indian Treaty Room)	
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 (EOOB)		☐ 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)

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

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

 *** TX REPORT ***

TRANSMISSION OK

TX/RX NO 0789
 CONNECTION TEL 61210
 CONNECTION ID
 ST. TIME 05/24 09:14
 USAGE T 00'30
 PGS. 1
 RESULT OK



OEGB CONFERENCE & ROOSEVELT ROOM RESERVATION

Date of Meeting: May 24, 1999
 Time: 5:00 To: 6:00

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

Name of Individual Hosting Event: <u>Sandra Thurman</u>		Office/Agency: <u>Office of Nat'l AIDS Policy</u>	
Staff Contact: <u>Cheryl Bauerle</u>	Extension No.: <u>6-2959</u>	Pager No.:	Room No.: <u>736 Jackson Pl.</u>
Type of Event: ☒ Meeting ☐ Reception ☐ Other _____			
Name/Description of Event: <u>CBC / AIDS Initiative</u>			
Number of Outside Guests: <u>10</u>	In Attendance:		
Total Number of Attendees: <u>12</u>	☐ 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 (OEGB) ☐ East Visitors Gate Note: the 17th & "G" Street entrance is wheelchair accessible.			



WHITE HOUSE CONFERENCE CENTER ROOM RESERVATIONS

Date of Meeting:

Feb 1, 2000

Time:

8:00

To:

5:00

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

Name of Individual Hosting Event:

Sandy Thurman

Office/Agency:

ONAP

Staff Contact:

Cheryl

Extension No.:

6-2959

Pager No.:

Room No.:

736 JP

Type of Event:

☐ Meeting

☐ Reception

☐ Other

Name/Description of Event:

AIDS Policy

Number of Outside Guests:

40

In Attendance:

Total Number of Attendees:

45

☐ 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.

 *** TX REPORT ***

TRANSMISSION OK

TX/RX NO 0427
 CONNECTION TEL 66791
 CONNECTION ID WH CONFERENCE CE
 ST. TIME 11/15 15:47
 USAGE T 00'28
 PGS. 1
 RESULT OK



WHITE HOUSE CONFERENCE CENTER ROOM RESERVATIONS

Date of Meeting: Feb 1, 2000
 Time: 8:00 To: 5:00

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

Name of Individual Hosting Event: <u>Sandy Thurman</u>		Office/Agency: <u>ONAP</u>	
Staff Contact: <u>Cheryl</u>	Extension No.: <u>6-2939</u>	Pager No.:	Room No.: <u>736 JP</u>
Type of Event:			
☐ Meeting ☐ Reception ☐ Other _____			
Name/Description of Event: <u>AIDS Policy</u>			
Number of Outside Guests: <u>40</u>		In Attendance:	
Total Number of Attendees: <u>45</u>		☐ 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): _____	



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: _____

Office/Agency: _____

Staff Contact: _____

Extension No.: _____

Pager No.: _____

Room No.: _____

Type of Event:

☐ Meeting

☐ Reception

☐ Other _____

Name/Description of Event: _____

Number of Outside Guests: _____

In Attendance:

Total Number of Attendees: _____

☐ 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.



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: _____

Office/Agency: _____

Staff Contact: _____

Extension No.: _____

Pager No.: _____

Room No.: _____

Type of Event:

☐ Meeting

☐ Reception

☐ Other _____

Name/Description of Event: _____

Number of Outside Guests: _____

In Attendance:

Total Number of Attendees: _____

☐ 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.



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: _____

Office/Agency: _____

Staff Contact: _____

Extension No.: _____

Pager No.: _____

Room No.: _____

Type of Event:

☐ Meeting

☐ Reception

☐ Other _____

Name/Description of Event: _____

Number of Outside Guests: _____

In Attendance:

Total Number of Attendees: _____

☐ 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.



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: _____

Office/Agency: _____

Staff Contact: _____

Extension No.: _____

Pager No.: _____

Room No.: _____

Type of Event:

☐ Meeting

☐ Reception

☐ Other _____

Name/Description of Event: _____

Number of Outside Guests: _____

In Attendance:

Total Number of Attendees: _____

☐ 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.



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: _____	In Attendance: _____		
Total Number of Attendees: _____	☐ 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.



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: _____		In Attendance:	
Total Number of Attendees: _____		☐ President ☐ First Lady ☐ Vice President ☐ Mrs. Gore	
Room(s) Requested:			
☐ Roosevelt Room *		☐ Room 180	☐ Room 472
☐ Room 476		☐ Room 450	☐ Room 474 (Indian Treaty Room)
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.



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: _____		In Attendance:	
Total Number of Attendees: _____		☐ President ☐ First Lady ☐ Vice President ☐ Mrs. Gore	
Room(s) Requested:			
☐ Roosevelt Room *		☐ Room 180	☐ Room 472
☐ 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.



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: _____		In Attendance:	
Total Number of Attendees: _____		☐ President ☐ First Lady ☐ Vice President ☐ Mrs. Gore	
Room(s) Requested:			
☐ Roosevelt Room *		☐ Room 180	
☐ Room 476		☐ Room 472	
		☐ 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.



EOOB 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: _____	In Attendance: _____		
Total Number of Attendees: _____	☐ 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 (EOOB) ☐ 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)

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

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



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: _____		In Attendance: _____	
Total Number of Attendees: _____		☐ President ☐ First Lady ☐ Vice President ☐ Mrs. Gore	
Room(s) Requested:			
☐ Roosevelt Room *		☐ Room 180	
☐ Room 476		☐ Room 472	
		☐ Room 450	
		☐ Room 474 (Indian Treaty Room)	
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			
<i>Note: the 17th & "G" Street entrance is wheelchair accessible.</i>			
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.



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: _____		In Attendance:	
Total Number of Attendees: _____		☐ President ☐ First Lady ☐ Vice President ☐ Mrs. Gore	
Room(s) Requested:			
☐ Roosevelt Room *		☐ Room 180	
☐ Room 476		☐ Room 472	
		☐ Room 474 (Indian Treaty Room)	
		☐ 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.



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: _____		In Attendance:	
Total Number of Attendees: _____		☐ President ☐ First Lady ☐ Vice President ☐ Mrs. Gore	
Room(s) Requested:			
☐ Roosevelt Room *		☐ Room 180	
☐ Room 476		☐ Room 472	
		☐ Room 450	
		☐ Room 474 (Indian Treaty Room)	
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.



OEOR 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: _____		In Attendance: _____	
Total Number of Attendees: _____		☐ President ☐ First Lady ☐ Vice President ☐ Mrs. Gore	
Room(s) Requested:			
☐ Roosevelt Room *		☐ Room 180	
☐ Room 476		☐ Room 472	
		☐ 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 (OEOR) ☐ 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)

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

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



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: _____		In Attendance:	
Total Number of Attendees: _____		☐ President ☐ First Lady ☐ Vice President ☐ Mrs. Gore	
Room(s) Requested:			
☐ Roosevelt Room *		☐ Room 180	
☐ Room 476		☐ Room 472	
		☐ Room 474 (Indian Treaty Room)	
		☐ 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, OE0B (FAX # 6-6472)

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



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: _____	In Attendance: N/A		
Total Number of Attendees: _____	☐ 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 via FAX at 456-6791

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



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: _____	In Attendance: <u>N/A</u>		
Total Number of Attendees: _____	☐ 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 via FAX at 456-6791

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



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: _____	In Attendance: N/A		
Total Number of Attendees: _____	☐ 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 via FAX at 456-6791

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



OEBOB CONFERENCE & ROOSEVELT ROOM RESERVATION

Date of Meeting: September 15, 1998

Time: 2 pm To: 3 pm

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

Name of Individual Hosting Event: <u>Todd Summers</u>		Office/Agency: <u>Office of National AIDS Policy</u>	
Staff Contact: <u>Sarah Holewinski</u>	Extension No.: <u>5-1441</u>	Pager No.:	Room No.:
Type of Event: ☒ Meeting ☐ Reception ☐ Other _____			
Name/Description of Event: <u>Meeting with Vietnam Representatives</u>			
Number of Outside Guests: <u>15</u>	In Attendance:		
Total Number of Attendees: <u>15</u>	☐ 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 (OEBOB)		☐ East Visitors Gate	
Note: the 17th & "G" Street entrance is wheelchair accessible.			
Additional Requirements or Requests: <u>The round table in there is fine</u>			
<u>Preferred entrance is 17th.</u>			

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

OEBOB Room Reservation Forms must be returned to Room 1, OEBOB (FAX # ~~6-6472~~ 66791)

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



OEBOB CONFERENCE & ROOSEVELT ROOM RESERVATION

Date of Meeting: September 14, 1998

Time: 9 am To: 1 pm

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

Name of Individual Hosting Event: <u>Todd Summers</u>		Office/Agency: <u>Office of National AIDS Policy</u>	
Staff Contact: <u>Sarah Holewinski</u>	Extension No.: <u>5-1441</u>	Pager No.:	Room No.:
Type of Event: ☒ Meeting ☐ Reception ☐ Other <u>+ lunch</u>			
Name/Description of Event: <u>AIDS Czar Meeting</u>			
Number of Outside Guests: <u>60</u>	In Attendance:		
Total Number of Attendees: <u>60</u>	☐ President ☐ First Lady ☐ Vice President ☐ Mrs. Gore		
Room(s) Requested:			
☐ Roosevelt Room *		☐ Room 180	☐ Room 472
☐ Room 476		☐ Room 450	☒ Room 474 (Indian Treaty Room)
General Services: ☐ Elevator Service (elevator #4)			
Time Reserved: <u>9 am - 1 pm</u>		☒ Podium ☐ Flags	
(Table Podium)			
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 (OEBOB)		☐ East Visitors Gate	
Note: the 17th & "G" Street entrance is wheelchair accessible.			
17th St.			
Additional Requirements or Requests: _____			

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

OEBOB Room Reservation Forms must be returned to Room 1, OEBOB (FAX # 6-6472) 66791

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



OEBOB CONFERENCE & ROOSEVELT ROOM RESERVATION

Date of Meeting: Dec. 4, 1998

Time: 3:00 PM To: 8:00 PM

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

Name of Individual Hosting Event: <u>Sandra Thorman</u> <u>Daniel Montoya</u>		Office/Agency: <u>Office of National AIDS Policy</u>	
Staff Contact: <u>Mary May</u> <u>Sarah Holewinski</u>		Extension No.: <u>6-2437</u>	Room No.: _____
Type of Event: ☒ Meeting ☐ Reception ☐ Other _____			
Name/Description of Event: _____			
Number of Outside Guests: <u>75</u>		In Attendance: _____	
Total Number of Attendees: <u>100</u>		☐ President ☐ First Lady ☐ Vice President ☐ Mrs. Gore	
Room(s) Requested:			
☐ Roosevelt Room *		☐ Room 180	
☐ Room 476		☐ Room 450	
		☐ Room 472	
		☒ Room 474 (Indian Treaty Room)	
		☐ 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 <u>RECEPTION USE</u>			
Number of Chairs: _____		Number of Table(s): _____	
Entrance/Gate Preferred:			
☒ Pennsylvania Avenue (OEBOB)		☐ 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)
OEBOB Room Reservation Forms must be returned to Room 1, OEBOB (FAX # 6-6472)

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

We are still on 67666
POL
Treaty Room
12-4-98

Ph. 67666

 *** TX REPORT ***

Cancelled
 6/22/99
 8:30 AM

TRANSMISSION OK

TX/RX NO 0908
 CONNECTION TEL 66791
 CONNECTION ID WH CONFERENCE CE
 ST. TIME 06/21 17:00
 USAGE T 00'30
 PGS. 1
 RESULT OK



OEOB CONFERENCE & ROOSEVELT ROOM RESERVATION

Date of Meeting: June 21, 1999
 Time: 10:30 To: 11:30

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

Name of Individual Hosting Event: <u>Sandra Thorman</u>		Office/Agency: <u>Office of National AIDS Policy</u>	
Staff Contact: <u>Cheryl Bawerle</u>	Extension No.: <u>6-2959</u>	Pager No.: _____	Room No.: <u>736 Jackson Place</u>
Type of Event: ☒ Meeting ☐ Reception ☐ Other _____			
Name/Description of Event: _____			
Number of Outside Guests: _____	In Attendance: <u>N/A</u>		
Total Number of Attendees: _____	☐ 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 ☐ Flaps			
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 Room/Service Request: _____			



OEOR CONFERENCE & ROOSEVELT ROOM RESERVATION

Date of Meeting: June 21, 1999
Time: 10:30 To: 11:30

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

Name of Individual Hosting Event: <u>Sandra Thorman</u>		Office/Agency: <u>Office of National AIDS Policy</u>	
Staff Contact: <u>Cheryl Bawerle</u>	Extension No.: <u>6-2959</u>	Pager No.: _____	Room No.: <u>736 Jackson Place</u>
Type of Event: ☒ Meeting ☐ Reception ☐ Other _____			
Name/Description of Event: _____			
Number of Outside Guests: _____		In Attendance: <u>N/A</u>	
Total Number of Attendees: _____		☐ President ☐ First Lady ☐ Vice President ☐ Mrs. Gore	
Room(s) Requested:			
☐ Roosevelt Room *	☐ Room 160	☐ Room 472	☒ Room 474 (Indian Treaty Room)
☐ Room 476	☐ Room 450	☐ Room 459	<u>RM. 211 Dem.</u>
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 (OEOR) ☐ 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)

OEOR Room Reservation Forms must be returned via FAX at 456-6791

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



EOOB CONFERENCE & ROOSEVELT ROOM RESERVATION

Date of Meeting: NOV. 4, 1999
Time: 11:00 To: 12:00

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

Name of Individual Hosting Event: <u>Sandy Thurman</u>		Office/Agency: <u>ONAP</u>	
Staff Contact: <u>Cheryl Bauerle</u>	Extension No.: <u>6-2959</u>	Pager No.: <u>-</u>	Room No.: <u>JP 736</u>
Type of Event: ☒ Meeting ☐ Reception ☐ Other _____			
Name/Description of Event: <u>Meeting on vaccine development</u>			
Number of Outside Guests: <u>4</u>	In Attendance:		
Total Number of Attendees: <u>7</u>	☐ 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 (EOOB) ☐ 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)

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

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



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: _____		In Attendance: _____	
Total Number of Attendees: _____		☐ President ☐ First Lady ☐ Vice President ☐ Mrs. Gore	
Room(s) Requested:			
☐ Roosevelt Room *		☐ Room 180	☐ Room 472
☐ Room 476		☐ Room 450	☐ Room 474 (Indian Treaty R
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 the White House Conference Center (FAX # 6-6791)

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



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: _____		In Attendance:	
Total Number of Attendees: _____		☐ President ☐ First Lady ☐ Vice President ☐ Mrs. Gore	
Room(s) Requested:			
☐ Roosevelt Room *		☐ Room 180	☐ Room 472
☐ Room 476		☐ Room 450	☐ Room 474 (Indian Treaty R
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 the White House Conference Center (FAX # 6-6791)

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



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: _____		In Attendance: _____	
Total Number of Attendees: _____		☐ President ☐ First Lady ☐ Vice President ☐ Mrs. Gore	
Room(s) Requested:			
☐ Roosevelt Room *		☐ Room 180	☐ Room 472
☐ Room 476		☐ Room 450	☐ Room 474 (Indian Treaty R
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 the White House Conference Center (FAX # 6-6791)

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



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: _____		In Attendance:	
Total Number of Attendees: _____		☐ President ☐ First Lady ☐ Vice President ☐ Mrs. Gore	
Room(s) Requested:			
☐ Roosevelt Room *		☐ Room 180	☐ Room 472
☐ Room 476		☐ Room 450	☐ Room 474 (Indian Treaty R
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 the White House Conference Center (FAX # 6-6791)

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



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: _____		In Attendance:	
Total Number of Attendees: _____		☐ President ☐ First Lady ☐ Vice President ☐ Mrs. Gore	
Room(s) Requested:			
☐ Roosevelt Room *		☐ Room 180	☐ Room 472
☐ Room 476		☐ Room 450	☐ Room 474 (Indian Treaty R
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 the White House Conference Center (FAX # 6-6791)

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



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: _____		In Attendance:	
Total Number of Attendees: _____		☐ President ☐ First Lady ☐ Vice President ☐ Mrs. Gore	
Room(s) Requested:			
☐ Roosevelt Room *		☐ Room 180	
☐ Room 476		☐ Room 472	
		☐ Room 474 (Indian Treaty R	
		☐ 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 the White House Conference Center (FAX # 6-6791)

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



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: _____		In Attendance:	
Total Number of Attendees: _____		☐ President ☐ First Lady ☐ Vice President ☐ Mrs. Gore	
Room(s) Requested:			
☐ Roosevelt Room *		☐ Room 180	☐ Room 472
☐ Room 476		☐ Room 450	☐ Room 474 (Indian Treaty R
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: _____			

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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: _____		In Attendance:	
Total Number of Attendees: _____		☐ President ☐ First Lady ☐ Vice President ☐ Mrs. Gore	
Room(s) Requested:			
☐ Roosevelt Room *		☐ Room 180	☐ Room 472
☐ Room 476		☐ Room 450	☐ Room 474 (Indian Treaty R
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:			
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OEOB CONFERENCE & ROOSEVELT ROOM RESERVATION

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Staff Contact: _____	Extension No.: _____	Pager No.: _____	Room No.: _____
Type of Event: ☐ Meeting ☐ Reception ☐ Other _____			
Name/Description of Event: _____			
Number of Outside Guests: _____		In Attendance: _____	
Total Number of Attendees: _____		☐ President ☐ First Lady ☐ Vice President ☐ Mrs. Gore	
Room(s) Requested:			
☐ Roosevelt Room *		☐ Room 180	☐ Room 472
☐ Room 476		☐ Room 450	☐ Room 474 (Indian Treaty R
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: _____			

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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: _____		In Attendance:	
Total Number of Attendees: _____		☐ President ☐ First Lady ☐ Vice President ☐ Mrs. Gore	
Room(s) Requested:			
☐ Roosevelt Room *		☐ Room 180	☐ Room 472
☐ Room 476		☐ Room 450	☐ Room 474 (Indian Treaty R
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: _____			

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



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: _____		In Attendance:	
Total Number of Attendees: _____		☐ President ☐ First Lady ☐ Vice President ☐ Mrs. Gore	
Room(s) Requested:			
☐ Roosevelt Room *		☐ Room 180	☐ Room 472
☐ Room 476		☐ Room 450	☐ Room 474 (Indian Treaty R
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 the White House Conference Center (FAX # 6-6791)

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: _____		Office/Agency: _____	
Staff Contact: _____	Extension No.: _____	Pager No.: _____	Room No.: _____
Type of Event: ☐ Meeting ☐ Reception ☐ Other _____			
Name/Description of Event: _____			
Number of Outside Guests: _____		In Attendance: _____	
Total Number of Attendees: _____		☐ 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.



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: _____

Office/Agency: _____

Staff Contact: _____

Extension No.: _____

Pager No.: _____

Room No.: _____

Type of Event:

☐ Meeting

☐ Reception

☐ Other _____

Name/Description of Event: _____

Number of Outside Guests: _____

In Attendance:

Total Number of Attendees: _____

☐ 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.



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: _____		Office/Agency: _____	
Staff Contact: _____	Extension No.: _____	Pager No.: _____	Room No.: _____
Type of Event: ☐ Meeting ☐ Reception ☐ Other _____			
Name/Description of Event: _____			
Number of Outside Guests: _____	In Attendance: ☐ President ☐ First Lady ☐ Vice President ☐ Mrs. Gore		
Total Number of Attendees: _____			
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.



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: _____		In Attendance:	
Total Number of Attendees: _____		☐ President ☐ First Lady ☐ Vice President ☐ Mrs. Gore	
Room(s) Requested:			
☐ Roosevelt Room *		☐ Room 180	☐ Room 472
☐ Room 476		☐ Room 450	☐ Room 459
☐ Room 474 (Indian Treaty Room)			
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.



EOOB 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: _____		In Attendance:	
Total Number of Attendees: _____		☐ President ☐ First Lady ☐ Vice President ☐ Mrs. Gore	
Room(s) Requested:			
☐ Roosevelt Room *		☐ Room 180	☐ Room 472
☐ Room 476		☐ Room 450	☐ Room 459
☐ Room 474 (Indian Treaty Room)			
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 (EOOB)		☐ 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)

EOOB Room Reservation Forms must be returned to Room 1, EOOB (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: 11/30/00

Time: 2:00 To: 5:00

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

Name of Individual Hosting Event: Sandra Thurman

Office/Agency: ONAP

Staff Contact: Cheryl Bauerle

Extension No.: 6-2959

Pager No.:

Room No.: 736 JP

Type of Event:

☒ Meeting

☐ Reception

☐ Other

Name/Description of Event: HIV/AIDS Religious Leaders Summit

Number of Outside Guests: 60

In Attendance:

Total Number of Attendees: 65

☐ 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:

Thank you!

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.

 *** TX REPORT ***

TRANSMISSION OK

TX/RX NO 1921
 CONNECTION TEL 66791
 CONNECTION ID WH CONFERENCE CE
 ST. TIME 11/29 23:27
 USAGE T 00'30
 PGS. 1
 RESULT OK



WHITE HOUSE CONFERENCE CENTER ROOM RESERVATIONS

Date of Meeting: 11/30/00

Time: 2:00 To: 5:00

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

Name of Individual Hosting Event: Sandra Thurman Office/Agency: ONAP
 Staff Contact: Cheryl Bauerle Extension No.: 6-2250 Pager No.: Room No.: 736 JP

Type of Event:

☒ Meeting☐ Reception☐ Other

Name/Description of Event: HIV/AIDS Religious Leaders Summit

Number of Outside Guests: 60

In Attendance:

Total Number of Attendees: 65

☐ 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): _____