

FOIA MARKER

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Subgroup/Office of Origin: National AIDS Policy Office

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Room Reservation Forms: New Combined Room Reservation Forms

Stack:

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Row:

66

Section:

5

Shelf:

11

Position:

3



EXECUTIVE OFFICE OF THE PRESIDENT

EEOB AND WHCC CONFERENCE ROOM RESERVATIONS

Date of Meeting: _____

Time: _____ To: _____

RESERVATION CONFIRMATION

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	
DWIGHT D. EISENHOWER EXECUTIVE OFFICE BUILDING ROOM(S) REQUESTED: ☐ Room 180 ☐ Room 450 (Presidential Hall) ☐ Room 472 ☐ Room 474 (Indian Treaty Room) ☐ Room 476			
WHITE HOUSE CONFERENCE CENTER ROOM(S) REQUESTED: ☐ Eisenhower Room ☐ Jackson Room ☐ Lincoln Room ☐ Truman Room ☐ Wilson Room			
General Services for Dwight D. Eisenhower Executive Office Building: ☐ Elevator Service (elevator #4) Time Reserved: _____ ☐ Podium ☐ Flags			
Entrance/Gate Preferred: ☐ Pennsylvania Avenue ☐ 17th & G ☐ Northwest Appointments Gate ☐ East Visitors Gate ☐ East Appointments Gate ☐ Southwest Appointments Gate			
Arrangements for all Meeting Rooms: ☐ Conference Style ☐ Theatre Style ☐ Other _____ Number of Chair(s): _____ Number of Table(s): _____			
Additional Requirements or Requests: _____ _____ _____ _____			

Forms must be FAXed to (202) 456-6791 within 24 hours after making your reservation.



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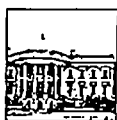
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