FOIA Number: 2018-0764-F

FOIA MARKER

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11/15/1999 - 11/18/1999 Conference

Stack:	Row:	Section:	Shelf:	Position:
S	67	1	2	3

T. 11/15 - 11/18 99

OEOB CONFERENCE & ROOSEVELT ROOM RESERVATION

Date of Meeting: 11/15/99

Time: 8 AM To: 5 PM

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

Name of Individual Hosting Event: Sandra Thurman | Office/Agency: OPD/AIDS Policy

Staff Contact: Cheryl Brunetti | Extension No.: 67959 | Pager No.: Signal | Room No.: 736 JP

Type of Event: ☒ *Meeting* ☐ *Reception* ☐ *Other* _____

Name/Description of Event: HIV/AIDS Technical Cooperation Meeting

Number of Outside Guests: 15

Total Number of Attendees: 15-18

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: November 16th, 99.
Time: 8 AM **To:** 5 PM

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

Name of Individual Hosting Event: Sandra Thurman | **Office/Agency:** OPD/NIDS Policy
Staff Contact: Cheryl Bruerle | **Extension No.:** 62959 | **Pager No.:** Signal | **Room No.:** 736 JP
Type of Event:

☒ *Meeting* ☐ *Reception* ☐ *Other* _____

Name/Description of Event: HIV/AIDS Technical Cooperation in Africa

Number of Outside Guests: 40
Total Number of Attendees: 45
In Attendance: N/A
☐ *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: 11/16/99

Time: ~~8~~ 10 AM To: 3 PM

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

Name of Individual Hosting Event: Sandra Thurman | Office/Agency: OPD/AIDS Policy

Staff Contact: Cheryl Bauerle | Extension No.: 6959 | Pager No.: Signal | Room No.: 736 JP

Type of Event:

☒ *Meeting* ☐ *Reception* ☐ *Other* _____

Name/Description of Event:

HIV/AIDS Technical Cooperation in Ghana

Number of Outside Guests: 15

Total Number of Attendees: 18-20

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.

WHITE HOUSE CONFERENCE CENTER ROOM RESERVATIONS

Date of Meeting: 11/16/99

Time: 1PM To: 3PM

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

Name of Individual Hosting Event: Sandra Thurman | Office/Agency: OPD/AIDS Policy

Staff Contact: Cheryl Bruere | Extension No.: 69959 | Pager No.: Signal | Room No.: 736 JP

Type of Event:

☒ *Meeting* ☐ *Reception* ☐ *Other* _____

Name/Description of Event: HIV/AIDS Technical Cooperation in Africa

Number of Outside Guests: 15

Total Number of Attendees: 18-20

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.

WHITE HOUSE CONFERENCE CENTER ROOM RESERVATIONS

Date of Meeting: 11/17/99

Time: 8 AM **To:** 5 PM

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

Name of Individual Hosting Event: Sandia Shuman | **Office/Agency:** OPD/AIDS Policy

Staff Contact: Cheryle Bowers | **Extension No.:** 62959 | **Pager No.:** Signal | **Room No.:** 73e JP

Type of Event:

☒ *Meeting* ☐ *Reception* ☐ *Other* _____

Name/Description of Event: HIV/AIDS-Technical Cooperation in Africa

Number of Outside Guests: 40

Total Number of Attendees: 45

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.

WHITE HOUSE CONFERENCE CENTER ROOM RESERVATIONS

Date of Meeting: 11/17/99

Time: 1 PM To: 3 PM

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

Name of Individual Hosting Event: Sandra Thurman | Office/Agency: OPD/AIDS Policy

Staff Contact: Cheryl Bueerle | Extension No.: 62959 | Pager No.: Signal | Room No.: 736 SP

Type of Event:

☒ *Meeting* ☐ *Reception* ☐ *Other* _____

Name/Description of Event:

HIV/AIDS Technical Cooperation in Africa

Number of Outside Guests: 15

Total Number of Attendees: 18-20

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.

WHITE HOUSE CONFERENCE CENTER ROOM RESERVATIONS

Date of Meeting: 11/17/99

Time: 1PM **To:** 3PM

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

Name of Individual Hosting Event: Sondra Thurman **Office/Agency:** OPD/AIDS Policy

Staff Contact: Cheryl Beverly **Extension No.:** 62959 **Pager No.:** Signal **Room No.:** 736 JP

Type of Event:

☒ *Meeting* ☐ *Reception* ☐ *Other* _____

Name/Description of Event: HIV/AIDS Technical Cooperation in africa

Number of Outside Guests: 15

Total Number of Attendees: 18-20

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.

WHITE HOUSE CONFERENCE CENTER ROOM RESERVATIONS

Date of Meeting: 11/18/99

Time: 8 AM **To:** 1 PM

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

Name of Individual Hosting Event: Sandia Kinuthia | **Office/Agency:** OPD/ADS Policy

Staff Contact: Cheryl Bauerle | **Extension No.:** 69959 | **Pager No.:** Signal | **Room No.:** 73e SP

Type of Event:

☒ *Meeting* ☐ *Reception* ☐ *Other* _____

Name/Description of Event: HIV/AIDS Technical Cooperation in africa

Number of Outside Guests: 40 | **In Attendance:** N/A

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.