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This is your  
room confirmation  
form - just have it  
on you.

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# WHITE HOUSE CONFERENCE CENTER ROOM RESERVATIONS

Date of Meeting: MAY 2  
 Time: NOON To: 5PM

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

Name of Individual Hosting Event: <u>President + Mrs. Clinton</u>		EOP Office/Agency: <u>FLOTUS / WHO</u>	
Staff Contact: <u>Mary Ellen McGuire</u>	Extension No.: <u>x62016</u>	Pager No.:	Room No.: <u>0E08101</u>
Type of Event: <input checked="" type="checkbox"/> Meeting <input type="checkbox"/> Reception <input type="checkbox"/> Other _____			
Name/Description of Event: <u>White House Conference on Teenagers</u>			
Number of Outside Guests: <u>35</u>	In Attendance: <input checked="" type="checkbox"/> Cabinet Secretaries		
Total Number of Attendees: <u>35</u>	<input type="checkbox"/> President <input type="checkbox"/> First Lady <input type="checkbox"/> Vice President <input type="checkbox"/> Mrs. Gore		
White House Conference Rooms Requested: <input type="checkbox"/> TRUMAN ROOM <input type="checkbox"/> WILSON ROOM <input checked="" type="checkbox"/> EISENHOWER ROOM <input type="checkbox"/> JACKSON ROOM <input type="checkbox"/> LINCOLN ROOM			
General Services: Time Reserved: <u>NOON-5pm</u> Floors Reserved: _____ <input type="checkbox"/> Podium <input type="checkbox"/> Flags			
Special Room Arrangements: <input checked="" type="checkbox"/> Conference Style <input type="checkbox"/> Theatre Style <input type="checkbox"/> Other _____ Number of Chairs: <u>35</u> Number of Table(s): _____			
Additional Requirements or Requests: <u>2 water pictures + 35 glasses</u> <u>Staff Contact Day of: Sonia Chessen x65796</u>			

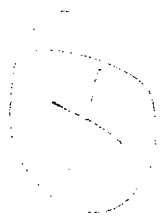
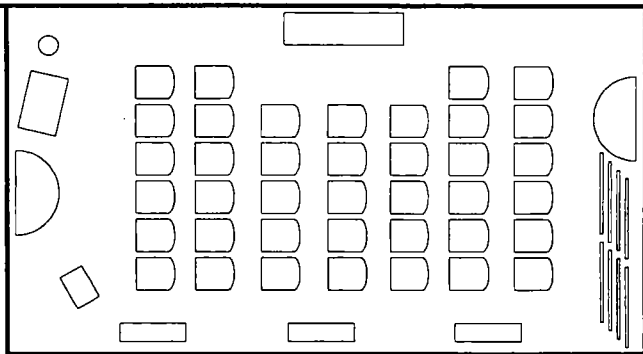
Form must be returned to FAX # 456-6791 or to 726 Jackson Place within 24 hours after making your reservation.

Please feel free to duplicate this form for future use.

### EISENHOWER ROOM

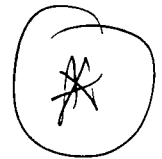
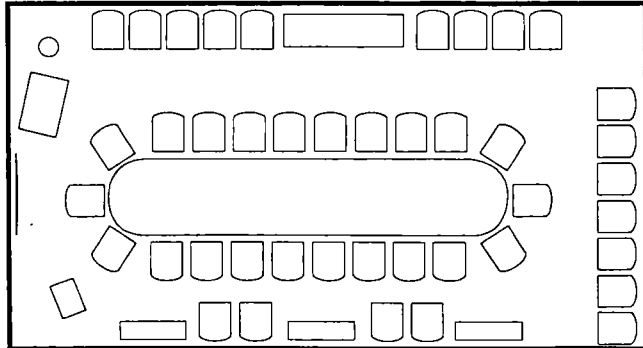
#### Option 1

Theater Style  
Seating Capacity 35  
Podium  
Call x67507



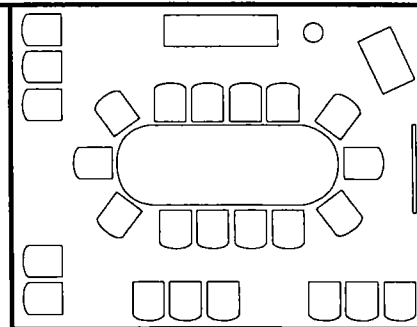
#### Option 2

Conference Style  
Table Seating Capacity 22  
Wall Seating Capacity 20  
Total Seating Capacity 42  
Podium  
Call x67507



### JACKSON ROOM

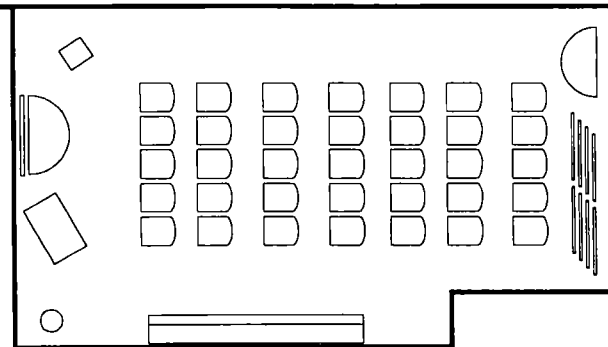
Conference Style  
Table Seating Capacity 14  
Wall Seating Capacity 11  
Total Seating Capacity 25  
No Podium  
Call x67507



### LINCOLN ROOM

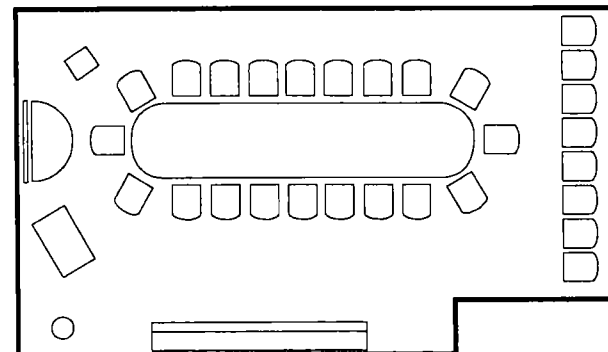
#### Option 1

Theater Style  
Seating Capacity 35  
Podium  
Call x67507



#### Option 2

Conference Style  
Table Seating Capacity 20  
Wall Seating Capacity 8  
Total Seating Capacity 28  
Podium  
Call x67507





# WHITE HOUSE CONFERENCE CENTER ROOM RESERVATIONS

Date of Meeting: MAY 2  
 Time: NOON To: 5pm

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

Name of Individual Hosting Event: <u>President + Mrs. Clinton</u>		EOP Office/Agency: <u>FLOTUS / WHO</u>	
Staff Contact: <u>MaryEllen McGuire</u>	Extension No.: <u>x62016</u>	Pager No.:	Room No.: <u>0EOB101</u>
Type of Event: <input checked="" type="checkbox"/> Meeting <input type="checkbox"/> Reception <input type="checkbox"/> Other _____			
Name/Description of Event: <u>White House Conference on Teenagers</u>			
Number of Outside Guests: <u>50-75</u> *	In Attendance: <input checked="" type="checkbox"/> Cabinet Secretaries		
Total Number of Attendees: <u>50-75</u> *	<input type="checkbox"/> President	<input type="checkbox"/> First Lady	<input type="checkbox"/> Vice President <input type="checkbox"/> Mrs. Gore
White House Conference Rooms Requested: <input checked="" type="checkbox"/> TRUMAN ROOM <input type="checkbox"/> WILSON ROOM <input type="checkbox"/> EISENHOWER ROOM <input type="checkbox"/> JACKSON ROOM <input type="checkbox"/> LINCOLN ROOM			
General Services: <del>Podium</del> Time Reserved: <u>12 - till 5pm</u> Floors Reserved: _____ <input type="checkbox"/> Podium <input type="checkbox"/> Flags			
Special Room Arrangements: <input type="checkbox"/> Conference Style <input type="checkbox"/> Theatre Style <input type="checkbox"/> Other _____ Number of Chairs: <u>50-75</u> *    Number of Table(s): _____ * Will have better number by Monday AM.			
Additional Requirements or Requests: <u>Seating w/panel, 8 on panel</u> <u>4-5 water pitchers + glasses</u> <u>Staff Contact Day of: John Buxton / DPC / x65567</u>			

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.

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# WHITE HOUSE CONFERENCE CENTER ROOM RESERVATIONS

Date of Meeting: MAY 2  
 Time: NOON To: 5pm

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

Name of Individual Hosting Event: <u>President + Mrs. Clinton</u>		EOP Office/Agency: <u>FLOTUS / WHO</u>	
Staff Contact: <u>Mary Ellen McGuire</u>	Extension No.: <u>x62016</u>	Pager No.:	Room No.: <u>0E08101</u>
Type of Event: <input checked="" type="checkbox"/> Meeting <input type="checkbox"/> Reception <input type="checkbox"/> Other _____			
Name/Description of Event: <u>White House Conference on Teenagers</u>			
Number of Outside Guests: <u>10</u>	In Attendance: <input checked="" type="checkbox"/> Cabinet Secretaries		
Total Number of Attendees: <u>10</u>	<input type="checkbox"/> President <input type="checkbox"/> First Lady <input type="checkbox"/> Vice President <input type="checkbox"/> Mrs. Gore		
White House Conference Rooms Requested: <input type="checkbox"/> TRUMAN ROOM <input checked="" type="checkbox"/> WILSON ROOM <input type="checkbox"/> EISENHOWER ROOM <input type="checkbox"/> JACKSON ROOM <input type="checkbox"/> LINCOLN ROOM			
General Services: Time Reserved: <u>12pm-5pm</u> Floors Reserved: _____ <input type="checkbox"/> Podium <input type="checkbox"/> Flags			
Special Room Arrangements: <input checked="" type="checkbox"/> Conference Style <input type="checkbox"/> Theatre Style <input type="checkbox"/> Other _____ Number of Chairs: <u>10</u> Number of Table(s): _____			
Additional Requirements or Requests: <u><del>22 seats</del> 1 water picture + 10 glasses</u>			
Staff Contact Day of: <u>Mary Ellen McGuire (same)</u>			

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.

*WOLD*



# WHITE HOUSE CONFERENCE CENTER ROOM RESERVATIONS

Date of Meeting: MAY 2  
 Time: NOON To: 5pm

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

Name of Individual Hosting Event: <u>President + Mrs. Clinton</u>		EOP Office/Agency: <u>FLOTUS / WHO</u>	
Staff Contact: <u>Mary Ellen McGuire</u>	Extension No.: <u>x62016</u>	Pager No.:	Room No.: <u>0E08101</u>
Type of Event: <input checked="" type="checkbox"/> Meeting <input type="checkbox"/> Reception <input type="checkbox"/> Other _____			
Name/Description of Event: <u>White House Conference on Teenagers</u>			
Number of Outside Guests: <u>35</u>	In Attendance: <input checked="" type="checkbox"/> Cabinet Secretaries		
Total Number of Attendees: <u>35</u>	<input type="checkbox"/> President <input type="checkbox"/> First Lady <input type="checkbox"/> Vice President <input type="checkbox"/> Mrs. Gore		
White House Conference Rooms Requested: <input type="checkbox"/> TRUMAN ROOM <input type="checkbox"/> WILSON ROOM <input type="checkbox"/> EISENHOWER ROOM <input type="checkbox"/> JACKSON ROOM <input checked="" type="checkbox"/> LINCOLN ROOM			
General Services: Time Reserved: _____ Floors Reserved: _____ <input type="checkbox"/> Podium <input type="checkbox"/> Flags			
Special Room Arrangements: <input checked="" type="checkbox"/> Conference Style <input type="checkbox"/> Theatre Style <input type="checkbox"/> Other _____ Number of Chairs: <u>35</u> Number of Table(s): _____			
Additional Requirements or Requests: <u>2 water pictures + 35 glasses</u>			
STAFF CONTACT DAY OF: <u>Julie Anderson 10PL / x 63771</u>			

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.

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# OEOb CONFERENCE & ROOSEVELT ROOM RESERVATION

Date of Meeting: 5/2/06  
 Time: NOON To: 4pm

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

Name of Individual Hosting Event: <u>President + Mrs Clinton</u>		Office/Agency: <u>FLOTUS</u>	
Contact: <u>Mary Ellen McGuire</u>	Extension No.: <u>x62016</u>	Pager No.:	Room No.: <u>101</u>
Type of Event: <input checked="" type="checkbox"/> Meeting <input type="checkbox"/> Reception <input type="checkbox"/> Other _____			
Name/Description of Event: <u>White House Confere on Teenagers</u>			
Number of Outside Guests: <u>40</u>	In Attendance: <input checked="" type="checkbox"/> Cabinet Secretaries		
Number of Attendees: <u>40</u>	<input type="checkbox"/> President <input type="checkbox"/> First Lady <input type="checkbox"/> Vice President <input type="checkbox"/> Mrs. Gore		
Rooms Requested:			
<input type="checkbox"/> Roosevelt Room *	<input type="checkbox"/> Room 180	<input type="checkbox"/> Room 472	<input type="checkbox"/> Room 474 (Indian Treaty Room)
<input checked="" type="checkbox"/> Room 476	<input type="checkbox"/> Room 450	<input type="checkbox"/> Room 459	
Special Services: <input type="checkbox"/> Elevator Service (elevator #4)			
Time Reserved: _____ <input type="checkbox"/> Podium <input type="checkbox"/> Flags			
Special Room Arrangements for the Indian Treaty Room:			
<input checked="" type="checkbox"/> Conference Style <input type="checkbox"/> Theatre Style <input type="checkbox"/> Other _____			
Number of Chairs: <u>40</u>		Number of Table(s): _____	
Entrance/Gate Preferred:			
<input type="checkbox"/> Pennsylvania Avenue (OEOb)		<input type="checkbox"/> East Visitors Gate	
Note: the 17th & "G" Street entrance is wheelchair accessible.		<u>Will be escorted from EAST RM</u>	
Additional Requirements or Requests: <u>(40 chairs)</u>			
<u>Staff Contact Day of. Eugenie Chough/DPC1</u>			
<u>x65566</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.

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# OEOB CONFERENCE & ROOSEVELT ROOM RESERVATION

Date of Meeting: 5/2/00  
 Time: NOON To: 4pm

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

Name of Individual Hosting Event: <u>President + Mrs Clinton</u>		Office/Agency: <u>FLOTUS</u>	
Staff Contact: <u>Mary Ellen McGuire</u>	Extension No.: <u>x62016</u>	Pager No.:	Room No.: <u>107</u>
Type of Event: <input checked="" type="checkbox"/> Meeting <input type="checkbox"/> Reception <input type="checkbox"/> Other _____			
Name/Description of Event: <u>White House Conference on Teenagers</u>			
Number of Outside Guests: <u>40</u>	In Attendance: <input checked="" type="checkbox"/> Cabinet Secretaries		
Total Number of Attendees: <u>40</u>	<input type="checkbox"/> President <input type="checkbox"/> First Lady <input type="checkbox"/> Vice President <input type="checkbox"/> Mrs. Gore		
Room(s) Requested:			
<input type="checkbox"/> Roosevelt Room * <input type="checkbox"/> Room 180 <input checked="" type="checkbox"/> Room 472 <input type="checkbox"/> Room 474 (Indian Treaty Room) <input type="checkbox"/> Room 476 <input type="checkbox"/> Room 450 <input type="checkbox"/> Room 459			
Special Services: <input type="checkbox"/> Elevator Service (elevator #4)			
Time Reserved: _____ <input type="checkbox"/> Podium <input type="checkbox"/> Flags			
Special Room Arrangements for the Indian Treaty Room:			
<input checked="" type="checkbox"/> Conference Style <input type="checkbox"/> Theatre Style <input type="checkbox"/> Other _____ Number of Chairs: <u>40</u> Number of Table(s): _____			
Entrance/Gate Preferred:			
<input type="checkbox"/> Pennsylvania Avenue (OEOB) <input type="checkbox"/> East Visitors Gate Note: the 17th & "G" Street entrance is wheelchair accessible.			
Additional Requirements or Requests: <u>(40 chairs)</u> <u>Will be escorted from EAST RM</u>			
Staff Contact Day of: <u>Shirley Sagawa / FLOTUS / x62583</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.

6



# OEOB CONFERENCE & ROOSEVELT ROOM RESERVATION

Date of Meeting: 5/2/00  
 Time: 12<sup>00</sup> To: 4pm

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

Name of Individual Hosting Event: <u>President Mrs Clinton</u>		Office/Agency: <u>ECOTUS</u>	
Staff Contact: <u>Mary Ellen McGuire</u>	Extension No.: <u>x62016</u>	Pager No.:	Room No.: <u>101</u>
Type of Event: <input checked="" type="checkbox"/> Meeting <input type="checkbox"/> Reception <input type="checkbox"/> Other _____			
Name/Description of Event: <u>White House Conference on Teenagers</u>			
Number of Outside Guests: <u>40</u>	In Attendance: <input checked="" type="checkbox"/> Cabinet Secretary		
Total Number of Attendees: <u>40</u>	<input type="checkbox"/> President	<input type="checkbox"/> First Lady	<input type="checkbox"/> Vice President <input type="checkbox"/> Mrs. Gore
Room(s) Requested:			
<input checked="" type="checkbox"/> Roosevelt Room *	<input type="checkbox"/> Room 180	<input type="checkbox"/> Room 472	<input type="checkbox"/> Room 474 (Indian Treaty Room)
<input type="checkbox"/> Room 476	<input type="checkbox"/> Room 450	<input type="checkbox"/> Room 459	
General Services: <input type="checkbox"/> Elevator Service (elevator #4)			
Time Reserved: _____ <input type="checkbox"/> Podium <input type="checkbox"/> Flags			
Special Room Arrangements for the Indian Treaty Room:			
<input checked="" type="checkbox"/> Conference Style <input type="checkbox"/> Theatre Style <input type="checkbox"/> Other _____			
Number of Chairs: <u>40</u> Number of Table(s): _____			
Entrance/Gate Preferred:			
<input type="checkbox"/> Pennsylvania Avenue (OEOB)	<input type="checkbox"/> East Visitors Gate	<u>* will be escorted from E-Wing Event</u>	
Note: the 17th & "G" Street entrance is wheelchair accessible.			
Additional Requirements or Requests: _____			
<u>water &amp; glasses coming under Shirley's mess account</u>			
<u>Staff Contact Day of Heather</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.

①



# OEOB CONFERENCE & ROOSEVELT ROOM RESERVATION

Date of Meeting: 5/2/00  
 Time: NOON To: 6:30pm

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

Name of Individual Hosting Event: <u>President + Mrs Clinton</u>		Office/Agency: <u>FLOTUS</u>	
Staff Contact: <u>MaryEllen McGuire</u>	Extension No.: <u>62016</u>	Pager No.:	Room No.: <u>701</u>
Type of Event: <input type="checkbox"/> Meeting <input checked="" type="checkbox"/> Reception <input type="checkbox"/> Other _____			
Name/Description of Event: <u>White House Conference on Teenagers - Closing</u>			
Number of Outside Guests: <u>200</u>	In Attendance: <input type="checkbox"/> President <input type="checkbox"/> First Lady <input type="checkbox"/> Vice President <input type="checkbox"/> Mrs. Gore		
Total Number of Attendees: <u>200</u>			
Room(s) Requested: <input type="checkbox"/> Roosevelt Room * <input type="checkbox"/> Room 180 <input type="checkbox"/> Room 472 <input checked="" type="checkbox"/> Room 474 (Indian Treaty Room) <input type="checkbox"/> Room 476 <input type="checkbox"/> Room 450 <input type="checkbox"/> Room 459			
General Services: <input type="checkbox"/> Elevator Service (elevator #4) Time Reserved: _____ <input checked="" type="checkbox"/> Podium <input type="checkbox"/> Flags			
Special Room Arrangements for the Indian Treaty Room: <input type="checkbox"/> Conference Style <input type="checkbox"/> Theatre Style <input type="checkbox"/> Other <u>No furniture just a podium for remarks.</u> Number of Chairs: _____ Number of Table(s): _____			
Entrance/Gate Preferred: <input checked="" type="checkbox"/> Pennsylvania Avenue (OEOB) <input type="checkbox"/> East Visitors Gate Note: the 17th & "G" Street entrance is wheelchair accessible.			
Additional Requirements or Requests: <u>Staff Contact Day of:</u> <u>Eric Woodard / FLOTUS /</u> <u>x 66266</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.

Reception



# WHITE HOUSE CONFERENCE CENTER ROOM RESERVATIONS

Date of Meeting: MAY 2  
 Time: NOON To: 5pm

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

Name of Individual Hosting Event: <u>President + Mrs. Clinton</u>		EOP Office/Agency: <u>FLOTUS / WHO</u>	
Staff Contact: <u>Mary Ellen McGuire</u>	Extension No.: <u>x62016</u>	Pager No.:	Room No.: <u>0E08101</u>
Type of Event: <input checked="" type="checkbox"/> Meeting <input type="checkbox"/> Reception <input type="checkbox"/> Other _____			
Name/Description of Event: <u>White House Conference on Teenagers</u>			
Number of Outside Guests: <u>10</u>	In Attendance: <input checked="" type="checkbox"/> Cabinet Secretaries		
Total Number of Attendees: <u>10</u>	<input type="checkbox"/> President <input type="checkbox"/> First Lady <input type="checkbox"/> Vice President <input type="checkbox"/> Mrs. Gore		
White House Conference Rooms Requested: <input type="checkbox"/> TRUMAN ROOM <input checked="" type="checkbox"/> WILSON ROOM <input type="checkbox"/> EISENHOWER ROOM <input type="checkbox"/> JACKSON ROOM <input type="checkbox"/> LINCOLN ROOM			
General Services: Time Reserved: <u>12pm-5pm</u> Floors Reserved: _____ <input type="checkbox"/> Podium <input type="checkbox"/> Flags			
Special Room Arrangements: <input checked="" type="checkbox"/> Conference Style <input type="checkbox"/> Theatre Style <input type="checkbox"/> Other _____ Number of Chairs: <u>10</u> Number of Table(s): _____			
Additional Requirements or Requests: <u><del>2 water</del> 1 water picture + 10 glasses</u>			
Staff Contact Day of: <u>Mary Ellen McGuire (same)</u>			

Staff Hold

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.

TO: Master Chief Powell (fax 393-1256)  
FROM: Shirley Sagawa  
RE: Catering for WH Event  
DATE: May 2, 2000

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On May 2 the President and Mrs. Clinton will be hosting the White House Conference on Teenagers. We will be having three breakout session around the Complex from 2-3:30 and would like pictures of water and glasses for guest.

Could we get:

4 pictures of water and 40 glasses delivered to OEOB 472  
4 pictures of water and 40 glasses delivered to OEOB 476  
2 pictures of water and 35 glasses delivered to the Roosevelt Room

ALL at 1:45pm to be picked up at 3:45pm.

Any charges can be made to my White House Mess Account.

Call MaryEllen McGuire with any feedback 456-2016. Thanks!

Handwritten ER

450

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# ORIGINALS



## WHITE HOUSE CONFERENCE CENTER ROOM RESERVATIONS

Date of Meeting: MAY 2

Time: NOON To: 5PM

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

Name of Individual Hosting Event: <u>President + Mrs. Clinton</u>		EOP Office/Agency: <u>FLOTUS / WHO</u>	
Staff Contact: <u>MaryEllen McGuire</u>	Extension No.: <u>x62016</u>	Pager No.:	Room No.: <u>0E08101</u>
Type of Event: <input checked="" type="checkbox"/> Meeting <input type="checkbox"/> Reception <input type="checkbox"/> Other _____			
Name/Description of Event: <u>White House Conference on Teenagers</u>			
Number of Outside Guests: <u>25</u>	In Attendance: <input checked="" type="checkbox"/> Cabinet Secretaries		
Total Number of Attendees: <u>25</u>	<input type="checkbox"/> President <input type="checkbox"/> First Lady <input type="checkbox"/> Vice President <input type="checkbox"/> Mrs. Gore		
White House Conference Rooms Requested: <input type="checkbox"/> TRUMAN ROOM <input type="checkbox"/> WILSON ROOM <input type="checkbox"/> EISENHOWER ROOM <input checked="" type="checkbox"/> JACKSON ROOM <input type="checkbox"/> LINCOLN ROOM			
General Services: Time Reserved: _____ Floors Reserved: _____ <input type="checkbox"/> Podium <input type="checkbox"/> Flags			
Special Room Arrangements: <input checked="" type="checkbox"/> Conference Style <input type="checkbox"/> Theatre Style <input type="checkbox"/> Other _____ Number of Chairs: <u>25</u> Number of Table(s): _____			
Additional Requirements or Requests: <u>2 water pictures + 25 glasses</u> <u>STAFF Contact Day of:</u> <u>Ann O'Leary / FLOTUS x66275</u>			

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: MAY 2  
 Time: NOON To: 5PM

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

Name of Individual Hosting Event: <u>President + Mrs. Clinton</u>		EDP Office/Agency: <u>FLOTUS / WHO</u>	
Staff Contact: <u>Mary Ellen McGuire</u>	Extension No.: <u>x62016</u>	Pager No.:	Room No.: <u>0E08101</u>
Type of Event: <input checked="" type="checkbox"/> Meeting <input type="checkbox"/> Reception <input type="checkbox"/> Other _____			
Name/Description of Event: <u>White House Conference on Teenagers</u>			
Number of Outside Guests: <u>35</u>	In Attendance: <input checked="" type="checkbox"/> Cabinet Secretaries		
Total Number of Attendees: <u>35</u>	<input type="checkbox"/> President <input type="checkbox"/> First Lady <input type="checkbox"/> Vice President <input type="checkbox"/> Mrs. Gore		
White House Conference Rooms Requested: <input type="checkbox"/> TRUMAN ROOM <input type="checkbox"/> WILSON ROOM <input checked="" type="checkbox"/> EISENHOWER ROOM <input type="checkbox"/> JACKSON ROOM <input type="checkbox"/> LINCOLN ROOM			
General Services: Time Reserved: <u>NOON-5pm</u> Floors Reserved: _____ <input type="checkbox"/> Podium <input type="checkbox"/> Flags			
Special Room Arrangements: <input checked="" type="checkbox"/> Conference Style <input type="checkbox"/> Theatre Style <input type="checkbox"/> Other _____ Number of Chairs: <u>35</u> Number of Table(s): _____			
Additional Requirements or Requests: <u>2 water pictures + 35 glasses</u> <u>Staff Contact Day of: Sonia Chessen x65796</u>			

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.

2



# OEOb CONFERENCE & ROOSEVELT ROOM RESERVATION

Date of Meeting: 5/2/00  
 Time: NOON To: 4pm

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

Name of Individual Hosting Event: <u>President + Mrs Clinton</u>		Office/Agency: <u>FLOTUS</u>	
Staff Contact: <u>Mary Ellen McGuire</u>	Extension No.: <u>x62016</u>	Pager No.:	Room No.: <u>101</u>
Type of Event: <input checked="" type="checkbox"/> Meeting <input type="checkbox"/> Reception <input type="checkbox"/> Other _____			
Description of Event: <u>White House Confere on Teenagers</u>			
Number of Outside Guests: <u>40</u>	In Attendance: <input checked="" type="checkbox"/> Cabinet Secretaries <input type="checkbox"/> President <input type="checkbox"/> First Lady <input type="checkbox"/> Vice President <input type="checkbox"/> Mrs. Gore		
Total Number of Attendees: <u>40</u>			
Room(s) Requested: <input type="checkbox"/> Roosevelt Room * <input type="checkbox"/> Room 180 <input checked="" type="checkbox"/> Room 472 <input type="checkbox"/> Room 474 (Indian Treaty Room) <input type="checkbox"/> Room 476 <input type="checkbox"/> Room 450 <input type="checkbox"/> Room 459			
General Services: <input type="checkbox"/> Elevator Service (elevator #4) Time Reserved: _____ <input type="checkbox"/> Podium <input type="checkbox"/> Flags			
Special Room Arrangements for the Indian Treaty Room: <input checked="" type="checkbox"/> Conference Style <input type="checkbox"/> Theatre Style <input type="checkbox"/> Other _____ Number of Chairs: <u>40</u> Number of Table(s): _____			
Entrance/Gate Preferred: <input type="checkbox"/> Pennsylvania Avenue (OEOb) <input type="checkbox"/> East Visitors Gate Note: the 17th & "G" Street entrance is wheelchair accessible.			
Additional Requirements or Requests: <u>(40 chairs)</u> <u>Will be escorted from EAST RM</u>			
Staff Contact Day of: <u>Shirley Sagawa / FLOTUS / x62583</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.

TO: Master Chief Powell (fax 393-1256)  
FROM: Shirley Sagawa  
RE: Catering for WH Event  
DATE: May 2, 2000

---

SS

On May 2 the President and Mrs. Clinton will be hosting the White House Conference on Teenagers. We will be having three breakout session around the Complex from 2-3:30 and would like pictures of water and glasses for guest.

Could we get:

4 pictures of water and 40 glasses delivered to OEOB 472  
4 pictures of water and 40 glasses delivered to OEOB 476  
2 pictures of water and 35 glasses delivered to the Roosevelt Room

ALL at 1:45pm to be picked up at 3:45pm.

Any charges can be made to my White House Mess Account.

Call MaryEllen McGuire with any feedback 456-2016. Thanks!

\*\*\*\*\*  
\*\*\* TX REPORT \*\*\*  
\*\*\*\*\*

TRANSMISSION OK

TX/RX NO 2166  
CONNECTION TEL 66791  
CONNECTION ID WH CONFERENCE CE  
ST. TIME 04/20 14:36  
USAGE T 03'31  
PGS. SENT 10  
RESULT OK



# EXECUTIVE OFFICE OF THE PRESIDENT EEOB AND WHCC CONFERENCE ROOM RESERVATIONS

Sheila,  
Kendy gave  
me the 2-4  
slot →

Date of Meeting: 5/2/00  
Time: all day To: \_\_\_\_\_

## RESERVATION CONFIRMATION

Name of Individual Hosting Event: <u>President + Mrs. Clinton</u>		Office/Agency: <u>WHO/ELOTUS</u>	
Staff Contact: <u>Mary Ellen McGuire</u>	Extension No.: <u>62016</u>	Pager No.: <u>75000</u>	Room No.: <u>101</u>
Type of Event: <input type="checkbox"/> Meeting <input type="checkbox"/> Reception <input checked="" type="checkbox"/> Other: <u>White House Conference</u>			
Name/Description of Event: <u>White House Conference on Teenagers: Raising Responsible + Resourceful Youth</u>			
Number of Outside Guests: <u>40</u>	In Attendance: <u>Cabinet Secretary</u>		
Total Number of Attendees: <u>40</u>	<input type="checkbox"/> President <input type="checkbox"/> First Lady <input type="checkbox"/> Vice President <input type="checkbox"/> Mrs. Gore		
DWIGHT D. EISENHOWER EXECUTIVE OFFICE BUILDING ROOM(S) REQUESTED:			
<input type="checkbox"/> Room 180 <input type="checkbox"/> Room 450 (Presidential Hall) <input type="checkbox"/> Room 472 <input type="checkbox"/> Room 474 (Indian Treaty Room) <input checked="" type="checkbox"/> Room 176			
WHITE HOUSE CONFERENCE CENTER ROOM(S) REQUESTED:			
<input type="checkbox"/> Eisenhower Room <input type="checkbox"/> Jackson Room <input type="checkbox"/> Lincoln Room <input type="checkbox"/> Truman Room <input type="checkbox"/> Wilson Room			
General Services for Dwight D. Eisenhower Executive Office Building:			
<input type="checkbox"/> Elevator Service (elevator #4) Time Reserved: _____ <input type="checkbox"/> Podium <input type="checkbox"/> Flags			
Entrance/Gate Preferred:			
<input checked="" type="checkbox"/> Pennsylvania Avenue <input type="checkbox"/> 17th & G <input type="checkbox"/> Northwest Appointments Gate <input type="checkbox"/> East Visitors Gate <input type="checkbox"/> East Appointments Gate <input type="checkbox"/> Southwest Appointments Gate			



# EXECUTIVE OFFICE OF THE PRESIDENT EEOB AND WHCC CONFERENCE ROOM RESERVATIONS

Sheila,  
Kendy gave  
me the 2-4  
slot →

Date of Meeting:	5/2/00
Time:	all day To: _____

## RESERVATION CONFIRMATION

Name of Individual Hosting Event: President + Mrs. Clinton		Office/Agency: WHO/FLOTUS	
Staff Contact: Mary Ellen McGwire	Extension No.: 62016	Pager No.: 75000	Room No.: 101
Type of Event: <input type="checkbox"/> Meeting <input type="checkbox"/> Reception <input checked="" type="checkbox"/> Other: <u>White House Conference</u>			
Name/Description of Event: White House Conference on Teenagers: Raising Responsible + Resourceful Youth			
Number of Outside Guests: <u>40</u>	In Attendance: Cabinet Secretary		
Total Number of Attendees: <u>40</u>	<input type="checkbox"/> President <input type="checkbox"/> First Lady <input type="checkbox"/> Vice President <input type="checkbox"/> Mrs. Gore		
DWIGHT D. EISENHOWER EXECUTIVE OFFICE BUILDING ROOM(S) REQUESTED:			
<input type="checkbox"/> Room 180 <input type="checkbox"/> Room 450 (Presidential Hall) <input type="checkbox"/> Room 472 <input type="checkbox"/> Room 474 (Indian Treaty Room) <input checked="" type="checkbox"/> Room 476			
WHITE HOUSE CONFERENCE CENTER ROOM(S) REQUESTED:			
<input type="checkbox"/> Eisenhower Room <input type="checkbox"/> Jackson Room <input type="checkbox"/> Lincoln Room <input type="checkbox"/> Truman Room <input type="checkbox"/> Wilson Room			
General Services for Dwight D. Eisenhower Executive Office Building:			
<input type="checkbox"/> Elevator Service (elevator #4) Time Reserved: _____ <input type="checkbox"/> Podium <input type="checkbox"/> Flags			
Entrance/Gate Preferred:			
<input checked="" type="checkbox"/> Pennsylvania Avenue <input type="checkbox"/> 17th & G <input type="checkbox"/> Northwest Appointments Gate <input type="checkbox"/> East Visitors Gate <input type="checkbox"/> East Appointments Gate <input type="checkbox"/> Southwest Appointments Gate			
Arrangements for all Meeting Rooms:			
<input checked="" type="checkbox"/> Conference Style <input type="checkbox"/> Theatre Style <input type="checkbox"/> Other _____ Number of Chair(s): <u>40</u> Number of Table(s): <u>main table usually there</u>			
Additional Requirements or Requests: _____ _____ _____			

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



# EXECUTIVE OFFICE OF THE PRESIDENT EEOB AND WHCC CONFERENCE ROOM RESERVATIONS

Date of Meeting: 5/2/00  
Time: all day To: \_\_\_\_\_

## RESERVATION CONFIRMATION

Name of Individual Hosting Event: <u>President + Mrs. Clinton</u>		Office/Agency: <u>WHO/FLOTUS</u>	
Staff Contact: <u>Mary Ellen McGwire</u>	Extension No.: <u>62016</u>	Pager No.: <u>75000</u>	Room No.: <u>101</u>
Type of Event: <input type="checkbox"/> Meeting <input type="checkbox"/> Reception <input checked="" type="checkbox"/> Other: <u>White House Conference</u>			
Name/Description of Event: <u>White House Conference on Teenagers: Raising Responsible + Resourceful Youth</u>			
Number of Outside Guests: <u>200</u>	In Attendance: <input checked="" type="checkbox"/>		
Total Number of Attendees: <u>200</u>	<input type="checkbox"/> President <input type="checkbox"/> First Lady <input type="checkbox"/> Vice President <input type="checkbox"/> Mrs. Gore		
DWIGHT D. EISENHOWER EXECUTIVE OFFICE BUILDING ROOM(S) REQUESTED:			
<input type="checkbox"/> Room 180 <input type="checkbox"/> Room 450 (Presidential Hall) <input type="checkbox"/> Room 472 <input checked="" type="checkbox"/> Room 474 (Indian Treaty Room) <input type="checkbox"/> Room 476			
WHITE HOUSE CONFERENCE CENTER ROOM(S) REQUESTED:			
<input type="checkbox"/> Eisenhower Room <input type="checkbox"/> Jackson Room <input type="checkbox"/> Lincoln Room <input type="checkbox"/> Truman Room <input type="checkbox"/> Wilson Room			
General Services for Dwight D. Eisenhower Executive Office Building:			
<input type="checkbox"/> Elevator Service (elevator #4) Time Reserved: _____ <input type="checkbox"/> Podium <input type="checkbox"/> Flags			
Entrance/Gate Preferred:			
<input checked="" type="checkbox"/> Pennsylvania Avenue <input type="checkbox"/> 17th & G <input type="checkbox"/> Northwest Appointments Gate <input type="checkbox"/> East Visitors Gate <input type="checkbox"/> East Appointments Gate <input type="checkbox"/> Southwest Appointments Gate			
Arrangements for all Meeting Rooms:			
<input type="checkbox"/> Conference Style <input type="checkbox"/> Theatre Style <input checked="" type="checkbox"/> Other: <u>Reception</u> Number of Chair(s): _____    Number of Table(s): _____			
Additional Requirements or Requests: <u>→ Caterers bringing all furniture. Could we just have an empty room. Do you have a coat rack we can use?</u>			

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



# EXECUTIVE OFFICE OF THE PRESIDENT EEOB AND WHCC CONFERENCE ROOM RESERVATIONS

Date of Meeting:	5/2/00
Time:	all day To: _____

## RESERVATION CONFIRMATION

Name of Individual Hosting Event: President + Mrs. Clinton		Office/Agency: WHO/FLOTUS	
Staff Contact: Mary Ellen McGwire	Extension No.: 62016	Pager No.: x 7500	Room No.: 101
Type of Event:	<input type="checkbox"/> Meeting <input type="checkbox"/> Reception <input checked="" type="checkbox"/> Other: White House Conference		
Name/Description of Event: White House Conference on Teenagers: Raising Responsible + Resourceful Youth			
Number of Outside Guests: 130	In Attendance: X		
Total Number of Attendees: 130	<input type="checkbox"/> President <input type="checkbox"/> First Lady <input type="checkbox"/> Vice President <input type="checkbox"/> Mrs. Gore		
DWIGHT D. EISENHOWER EXECUTIVE OFFICE BUILDING ROOM(S) REQUESTED:			
<input type="checkbox"/> Room 180 <input checked="" type="checkbox"/> Room 450 (Presidential Hall) <input type="checkbox"/> Room 472 <input type="checkbox"/> Room 474 (Indian Treaty Room) <input type="checkbox"/> Room 476			
WHITE HOUSE CONFERENCE CENTER ROOM(S) REQUESTED:			
<input type="checkbox"/> Eisenhower Room <input type="checkbox"/> Jackson Room <input type="checkbox"/> Lincoln Room <input type="checkbox"/> Truman Room <input type="checkbox"/> Wilson Room			
General Services for Dwight D. Eisenhower Executive Office Building:			
<input type="checkbox"/> Elevator Service (elevator #4) Time Reserved: _____ <input type="checkbox"/> Podium <input type="checkbox"/> Flags			
Entrance/Gate Preferred:			
<input checked="" type="checkbox"/> Pennsylvania Avenue <input type="checkbox"/> 17th & G <input type="checkbox"/> Northwest Appointments Gate <input type="checkbox"/> East Visitors Gate <input type="checkbox"/> East Appointments Gate <input type="checkbox"/> Southwest Appointments Gate			
Arrangements for all Meeting Rooms:			
<input type="checkbox"/> Conference Style <input checked="" type="checkbox"/> Theatre Style <input type="checkbox"/> Other: _____ Number of Chair(s): _____            Number of Table(s): _____			
Additional Requirements or Requests: Podium/microphone on stage - off to side			

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



# EXECUTIVE OFFICE OF THE PRESIDENT EEOB AND WHCC CONFERENCE ROOM RESERVATIONS

Date of Meeting:	5/2/00	
Time:	12	To: 4

## RESERVATION CONFIRMATION

Name of Individual Hosting Event: President + Mrs. Clinton		Office/Agency: WHO/FLOTUS	
Staff Contact: Mary Ellen McGuire	Extension No.: 62016	Pager No.: X 75000	Room No.: 101
Type of Event:	<input type="checkbox"/> Meeting <input type="checkbox"/> Reception <input checked="" type="checkbox"/> Other: White House Conference		
Name/Description of Event: White House Conference on Teenagers: Raising Responsible + Resourceful Youth			
Number of Outside Guests: 40	In Attendance: Cabinet Secretary		
Total Number of Attendees: 40	<input type="checkbox"/> President <input type="checkbox"/> First Lady <input type="checkbox"/> Vice President <input type="checkbox"/> Mrs. Gore		
DWIGHT D. EISENHOWER EXECUTIVE OFFICE BUILDING ROOM(S) REQUESTED:			
<input type="checkbox"/> Room 180 <input type="checkbox"/> Room 450 (Presidential Hall) <input checked="" type="checkbox"/> Room 472 <input type="checkbox"/> Room 474 (Indian Treaty Room) <input type="checkbox"/> Room 476			
WHITE HOUSE CONFERENCE CENTER ROOM(S) REQUESTED:			
<input type="checkbox"/> Eisenhower Room <input type="checkbox"/> Jackson Room <input type="checkbox"/> Lincoln Room <input type="checkbox"/> Truman Room <input type="checkbox"/> Wilson Room			
General Services for Dwight D. Eisenhower Executive Office Building:			
<input type="checkbox"/> Elevator Service (elevator #4) Time Reserved: _____ <input type="checkbox"/> Podium <input type="checkbox"/> Flags			
Entrance/Gate Preferred:			
<input checked="" type="checkbox"/> Pennsylvania Avenue <input type="checkbox"/> 17th & G <input type="checkbox"/> Northwest Appointments Gate <input type="checkbox"/> East Visitors Gate <input type="checkbox"/> East Appointments Gate <input type="checkbox"/> Southwest Appointments Gate			
Arrangements for all Meeting Rooms:			
<input checked="" type="checkbox"/> Conference Style <input type="checkbox"/> Theatre Style <input type="checkbox"/> Other _____ Number of Chair(s): 40            Number of Table(s): main table always there			
Additional Requirements or Requests:			

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



## EXECUTIVE OFFICE OF THE PRESIDENT

## EEOB AND WHCC CONFERENCE ROOM RESERVATIONS

Date of Meeting:	5/2/00
Time:	all day To: _____

## RESERVATION CONFIRMATION

Name of Individual Hosting Event: President + Mrs. Clinton		Office/Agency: WHO/FLOTUS	
Staff Contact: Mary Ellen McGwire	Extension No.: 62016	Pager No.: x75000	Room No.: 101
Type of Event: <input type="checkbox"/> Meeting <input type="checkbox"/> Reception <input checked="" type="checkbox"/> Other: <u>White House Conference</u>			
Name/Description of Event: White House Conference on Teenagers: Raising Responsible + Resourceful Youth			
Number of Outside Guests: <u>12</u>	In Attendance: Cabinet Secretary		
Total Number of Attendees: <u>12</u>	<input type="checkbox"/> President	<input type="checkbox"/> First Lady	<input type="checkbox"/> Vice President <input type="checkbox"/> Mrs. Gore
DWIGHT D. EISENHOWER EXECUTIVE OFFICE BUILDING ROOM(S) REQUESTED:			
<input type="checkbox"/> Room 180 <input type="checkbox"/> Room 450 (Presidential Hall) <input type="checkbox"/> Room 472 <input type="checkbox"/> Room 474 (Indian Treaty Room) <input type="checkbox"/> Room 476			
WHITE HOUSE CONFERENCE CENTER ROOM(S) REQUESTED:			
<input type="checkbox"/> Eisenhower Room <input type="checkbox"/> Jackson Room <input type="checkbox"/> Lincoln Room <input type="checkbox"/> Truman Room <input checked="" type="checkbox"/> Wilson Room			
General Services for Dwight D. Eisenhower Executive Office Building:			
<input type="checkbox"/> Elevator Service (elevator #4) Time Reserved: _____ <input type="checkbox"/> Podium <input type="checkbox"/> Flags			
Entrance/Gate Preferred:			
<input type="checkbox"/> Pennsylvania Avenue <input type="checkbox"/> 17th & G <input type="checkbox"/> Northwest Appointments Gate <input type="checkbox"/> East Visitors Gate <input type="checkbox"/> East Appointments Gate <input type="checkbox"/> Southwest Appointments Gate			
Arrangements for all Meeting Rooms:			
<input checked="" type="checkbox"/> Conference Style <input type="checkbox"/> Theatre Style <input type="checkbox"/> Other _____ Number of Chair(s): <u>12</u> Number of Table(s): <u>3</u>			
Additional Requirements or Requests: _____ _____ _____			

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



# EXECUTIVE OFFICE OF THE PRESIDENT EEOB AND WHCC CONFERENCE ROOM RESERVATIONS

Date of Meeting: 5/2/00  
 Time: all day To: \_\_\_\_\_

## RESERVATION CONFIRMATION

Name of Individual Hosting Event: <u>President + Mrs. Clinton</u>		Office/Agency: <u>WHO/FLOTUS</u>	
Staff Contact: <u>Mary Ellen McGwire</u>	Extension No.: <u>62016</u>	Pager No.: <u>75000</u>	Room No.: <u>101</u>
Type of Event: <input type="checkbox"/> Meeting <input type="checkbox"/> Reception <input checked="" type="checkbox"/> Other: <u>White House Conference</u>			
Name/Description of Event: <u>White House Conference on Teenagers: Raising Responsible + Resourceful Youth</u>			
Number of Outside Guests: <u>25</u>	In Attendance: <u>Cabinet Secretary</u>		
Total Number of Attendees: <u>25</u>	<input type="checkbox"/> President <input type="checkbox"/> First Lady <input type="checkbox"/> Vice President <input type="checkbox"/> Mrs. Gore		
<b>DWIGHT D. EISENHOWER EXECUTIVE OFFICE BUILDING ROOM(S) REQUESTED:</b> <input type="checkbox"/> Room 180 <input type="checkbox"/> Room 450 (Presidential Hall) <input type="checkbox"/> Room 472 <input type="checkbox"/> Room 474 (Indian Treaty Room) <input type="checkbox"/> Room 476			
<b>WHITE HOUSE CONFERENCE CENTER ROOM(S) REQUESTED:</b> <input type="checkbox"/> Eisenhower Room <input checked="" type="checkbox"/> Jackson Room <input type="checkbox"/> Lincoln Room <input type="checkbox"/> Truman Room <input type="checkbox"/> Wilson Room			
<b>General Services for Dwight D. Eisenhower Executive Office Building:</b> <input type="checkbox"/> Elevator Service (elevator #4) Time Reserved: _____ <input type="checkbox"/> Podium <input type="checkbox"/> Flags			
<b>Entrance/Gate Preferred:</b> <input type="checkbox"/> Pennsylvania Avenue <input type="checkbox"/> 17th & G <input type="checkbox"/> Northwest Appointments Gate <input type="checkbox"/> East Visitors Gate <input type="checkbox"/> East Appointments Gate <input type="checkbox"/> Southwest Appointments Gate			
<b>Arrangements for all Meeting Rooms:</b> <input type="checkbox"/> Conference Style <input type="checkbox"/> Theatre Style <input checked="" type="checkbox"/> Other: <u>Panel (6) + Audience</u> Number of Chair(s): <u>25 total</u> Number of Table(s): <u>1</u>			
<b>Additional Requirements or Requests:</b> <u>L 6<sup>one</sup> panel, 19 audience</u>			

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



# EXECUTIVE OFFICE OF THE PRESIDENT EEOB AND WHCC CONFERENCE ROOM RESERVATIONS

Date of Meeting: 5/2/00Time: all day To: \_\_\_\_\_

## RESERVATION CONFIRMATION

Name of Individual Hosting Event: <u>President + Mrs. Clinton</u>		Office/Agency: <u>WHO/FLOTUS</u>	
Staff Contact: <u>Mary Ellen McGwire</u>	Extension No.: <u>62016</u>	Pager No.: <u>75000</u>	Room No.: <u>101</u>
Type of Event: <input type="checkbox"/> Meeting <input type="checkbox"/> Reception <input checked="" type="checkbox"/> Other: <u>White House Conference</u>			
Name/Description of Event: <u>White House Conference on Teenagers: Raising Responsible + Resourceful Youth</u>			
Number of Outside Guests: <u>35</u>	In Attendance: <u>Cabinet Secretary</u>		
Total Number of Attendees: <u>35</u>	<input type="checkbox"/> President <input type="checkbox"/> First Lady <input type="checkbox"/> Vice President <input type="checkbox"/> Mrs. Gore		
DWIGHT D. EISENHOWER EXECUTIVE OFFICE BUILDING ROOM(S) REQUESTED:			
<input type="checkbox"/> Room 180 <input type="checkbox"/> Room 450 (Presidential Hall) <input type="checkbox"/> Room 472 <input type="checkbox"/> Room 474 (Indian Treaty Room) <input type="checkbox"/> Room 476			
WHITE HOUSE CONFERENCE CENTER ROOM(S) REQUESTED:			
<input type="checkbox"/> Eisenhower Room <input type="checkbox"/> Jackson Room <input checked="" type="checkbox"/> Lincoln Room <input type="checkbox"/> Truman Room <input type="checkbox"/> Wilson Room			
General Services for Dwight D. Eisenhower Executive Office Building:			
<input type="checkbox"/> Elevator Service (elevator #4) Time Reserved: _____ <input type="checkbox"/> Podium <input type="checkbox"/> Flags			
Entrance/Gate Preferred:			
<input type="checkbox"/> Pennsylvania Avenue <input type="checkbox"/> 17th & G <input type="checkbox"/> Northwest Appointments Gate <input type="checkbox"/> East Visitors Gate <input type="checkbox"/> East Appointments Gate <input type="checkbox"/> Southwest Appointments Gate			
Arrangements for all Meeting Rooms:			
<input type="checkbox"/> Conference Style <input type="checkbox"/> Theatre Style <input checked="" type="checkbox"/> Other: <u>Panel (6) + Audience</u> Number of Chair(s): <u>35</u> Number of Table(s): <u>1</u>			
Additional Requirements or Requests: <u>6 on panel, 29 audience</u>			

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



# EXECUTIVE OFFICE OF THE PRESIDENT EEOB AND WHCC CONFERENCE ROOM RESERVATIONS

Date of Meeting:	5/2/00	
Time:	12	To: 6 pm

## RESERVATION CONFIRMATION

Name of Individual Hosting Event: <u>President + Mrs. Clinton</u>		Office/Agency: <u>WHO/FLOTUS</u>	
Staff Contact: <u>Mary Ellen McGwire</u>	Extension No.: <u>62016</u>	Pager No.: <u>x75000</u>	Room No.: <u>101</u>
Type of Event:	<input type="checkbox"/> Meeting <input type="checkbox"/> Reception <input checked="" type="checkbox"/> Other: <u>White House Conference</u>		
Name/Description of Event: <u>White House Conference on Teenagers: Raising Responsible + Resourceful Youth</u>			
Number of Outside Guests: <u>35</u>	In Attendance: <u>Cabinet Sec.</u>		
Total Number of Attendees: <u>35</u>	<input type="checkbox"/> President <input type="checkbox"/> First Lady <input type="checkbox"/> Vice President <input type="checkbox"/> Mrs. Gore		
DWIGHT D. EISENHOWER EXECUTIVE OFFICE BUILDING ROOM(S) REQUESTED:			
<input type="checkbox"/> Room 180 <input type="checkbox"/> Room 450 (Presidential Hall) <input type="checkbox"/> Room 472 <input type="checkbox"/> Room 474 (Indian Treaty Room) <input type="checkbox"/> Room 476			
WHITE HOUSE CONFERENCE CENTER ROOM(S) REQUESTED:			
<input checked="" type="checkbox"/> Eisenhower Room <input type="checkbox"/> Jackson Room <input type="checkbox"/> Lincoln Room <input type="checkbox"/> Truman Room <input type="checkbox"/> Wilson Room			
General Services for Dwight D. Eisenhower Executive Office Building:			
<input type="checkbox"/> Elevator Service (elevator #4) Time Reserved: _____ <input type="checkbox"/> Podium <input type="checkbox"/> Flags			
Entrance/Gate Preferred:			
<input type="checkbox"/> Pennsylvania Avenue <input type="checkbox"/> 17th & G <input type="checkbox"/> Northwest Appointments Gate <input type="checkbox"/> East Visitors Gate <input type="checkbox"/> East Appointments Gate <input type="checkbox"/> Southwest Appointments Gate			
Arrangements for all Meeting Rooms:			
<input type="checkbox"/> Conference Style <input type="checkbox"/> Theatre Style <input checked="" type="checkbox"/> Other: <u>Panel (6) + audience</u> Number of Chair(s): <u>35</u> Number of Table(s): <u>1</u>			
Additional Requirements or Requests: <u>6 panel, 29 audience</u>			

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



# EXECUTIVE OFFICE OF THE PRESIDENT EEOB AND WHCC CONFERENCE ROOM RESERVATIONS

Date of Meeting: 5/2/00  
 Time: all day To: \_\_\_\_\_

## RESERVATION CONFIRMATION

Name of Individual Hosting Event: <u>President + Mrs. Clinton</u>		Office/Agency: <u>WHO/FLOTUS</u>	
Staff Contact: <u>Mary Ellen McGwire</u>	Extension No.: <u>62016</u>	Pager No.: <u>x 75000</u>	Room No.: <u>101</u>
Type of Event:	<input type="checkbox"/> Meeting <input type="checkbox"/> Reception <input checked="" type="checkbox"/> Other: <u>White House Conference</u>		
Name/Description of Event: <u>White House Conference on Teenagers: Raising Responsible + Resourceful Youth</u>			
Number of Outside Guests: <u>75</u>	In Attendance: <u>Cabinet Secretary</u>		
Total Number of Attendees: <u>75</u>	<input type="checkbox"/> President <input type="checkbox"/> First Lady <input type="checkbox"/> Vice President <input type="checkbox"/> Mrs. Gore		
<b>DWIGHT D. EISENHOWER EXECUTIVE OFFICE BUILDING ROOM(S) REQUESTED:</b> <input type="checkbox"/> Room 180 <input type="checkbox"/> Room 450 (Presidential Hall) <input type="checkbox"/> Room 472 <input type="checkbox"/> Room 474 (Indian Treaty Room) <input type="checkbox"/> Room 476			
<b>WHITE HOUSE CONFERENCE CENTER ROOM(S) REQUESTED:</b> <input type="checkbox"/> Eisenhower Room <input type="checkbox"/> Jackson Room <input type="checkbox"/> Lincoln Room <input checked="" type="checkbox"/> Truman Room <input type="checkbox"/> Wilson Room			
<b>General Services for Dwight D. Eisenhower Executive Office Building:</b> <input type="checkbox"/> Elevator Service (elevator #4) Time Reserved: _____ <input type="checkbox"/> Podium <input type="checkbox"/> Flags			
<b>Entrance/Gate Preferred:</b> <input type="checkbox"/> Pennsylvania Avenue <input type="checkbox"/> 17th & G <input type="checkbox"/> Northwest Appointments Gate <input type="checkbox"/> East Visitors Gate <input type="checkbox"/> East Appointments Gate <input type="checkbox"/> Southwest Appointments Gate			
<b>Arrangements for all Meeting Rooms:</b> <input checked="" type="checkbox"/> Conference Style <input type="checkbox"/> Theatre Style <input checked="" type="checkbox"/> Other: <u>Panel + Audience</u> Number of Chair(s): <u>75</u> Number of Table(s): <u>1</u> <u>6 panel, 69 audience</u>			
<b>Additional Requirements or Requests:</b> <u>Microphones possible for panel</u>			

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



Shirley S. Sagawa  
04/18/2000 03:20:40 PM

Record Type: Record

To: MaryEllen C. McGuire/WHO/EOP@EOP

cc:

Subject: Rooms booked

The WH conference center called to confirm we needed the rooms -- i told julia to say we did. It looks to me like we will need three more rooms -- need to talk about where we get them!

----- Forwarded by Shirley S. Sagawa/WHO/EOP on 04/18/2000 03:19 PM -----



Shirley S. Sagawa  
03/16/2000 11:18:10 AM

Record Type: Record

To: MaryEllen C. McGuire/WHO/EOP@EOP

cc: Shirley S. Sagawa/WHO/EOP@EOP

Subject: Rooms booked

WH Conference Center

Truman	100
Eisenhower	35
Lincoln	35
Jackson	25
Wilson	12

EOB

Indian Treaty	
450	130

GSA

Auditorium