



Booking No. _____

FACILITIES ROOM RESERVATION FORM 3100 Main 12th Floor Conference Rooms

To Check Availability of Rooms Please Visit Virtual EMS at <http://198.64.13.20/vemspro/>

Please Complete Form and Return to Receptionist

Today's Date: _____

Event Date: _____

Set up Time: Start: _____ End: _____

Event Name: _____ Event Time: Start: _____ AM End: _____ AM
PM PM

Company Name or Department: _____

Company/Department Address: _____

Number of Attendees: _____

Contact Name: _____ Contact Phone: _____

Contact Email: _____ Contact Fax: _____

Facilities (please check the box) *room assignment dependent upon availability.

- Conference Room 12A01
- Conference Room 12A05
- Conference Room 12B13
- Conference Room 12C05

HCC Staff Member or Client Signature: _____

Receptionist: _____

Date Entered / Reservation # _____
