



Booking No. _____

FACILITIES ROOM RESERVATION FORM 3100 Main 4th 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: _____

Event Name: _____

Set up Time: Start: _____ AM
PM
Event Time: Start: _____ AM
PM

End: _____ AM
PM
End: _____ AM
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 4A03

Conference Room 4A16

HCC Staff Member or Client Signature: _____

Receptionist: _____

Date Entered / Reservation # _____
