



# Pavilion Reservation Request Form

## Section I. Contact Information

Sponsor Name:		Office Phone:	
E-mail Address:		Cell Phone:	
Organization:		POC Phone:	
Name of Event POC:		POC Email:	

## Section II. Event Information

Event/Meeting Name:			Day	
			Date	
			Start Time	
# of Attendees <small>(min 35 - max 275):</small>		# of Visitors		End Time

## Section III. Room Style Options

Setup Options:	<input type="checkbox"/> Theater <input type="checkbox"/> U-Shaped <input type="checkbox"/> Classroom <input type="checkbox"/> Banquet <input type="checkbox"/> Conference <input type="checkbox"/> Hollow Square <input type="checkbox"/> Other (Describe)
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## Section IV. Audio Visual and Equipment Options

Microphones:	<input type="checkbox"/> Lapel <input type="checkbox"/> Podium <input type="checkbox"/> Handheld <input type="checkbox"/> Table	Other AV Required:	
<b>VTC Request:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>			
Additional VTC/Audio Information:	Include names of VTC locations and the ISDN numbers. For each site include the name of the POC at that site and their cell number. $\Rightarrow$		
	If you have VTC and need audio lines, provide estimated number of callers. VTC Office will provide phone numbers and passcodes prior to the meeting. $\Rightarrow$		
Do you need "audio only" lines?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, 1 line per room will be provided to accommodate up to 50 callers. For additional lines, send Audio Request Form to TMAaudio@tma.osd.mil		

## Section IV. DHHQ Cafeteria Catering

4 <sup>th</sup> Floor Catering Required:	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please call 703-681-4664 or email DHHQ@perkinsmanagement.com to place order  <b>Or do you plan to bring your own food</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
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## Section V. Terms and Conditions Agreement

Your Signature indicates you agree to cancel or change your reservation within 48 hours and you have read and agree to the terms and conditions including damages.	_____ Signature <small>(Electronic Signature is preferred but not required)</small>	_____ Date
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## DO NOT WRITE IN THIS BOX: FOR OFFICIAL USE ONLY

Type of Request:	<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel	Assigned Room Number:	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Comments:	ID#:	
Signature of Scheduler		Date Confirmation sent to Event POC :	

Send forms to: [DHHQ.Conference.Reservations@tma.osd.mil](mailto:DHHQ.Conference.Reservations@tma.osd.mil)