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**900 Ashwood Parkway**

**Conference Room Application**

The following information will be needed in order to reserve the buildings conference room.

Email Form To: tgreen@parmco.com

Wifi Username: Ashwood Conference

Date of Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name & Suite #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Conference Room Reservation Date & Time:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Visitors: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Visitor parking is only for 2 hours.)

Catered Event? Y / N If Yes, Name of Vendor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The Management Company would like to thank you in advance for returning the conference room furniture back to its original setting after each use (all leather chairs around the conference room table and stackable chairs in closet) and for complying with the buildings recycling program while using the conference room.**

**\*Do not tape or attach anything to the walls or door in the conference room.**