

Conference Room Request

I have read the rules for the Conference Room Yes _____ No _____

Name of Non-Profit Group:

Non-Profit Number:

Contact Name:

Contact Phone Number:

Requested Date:

Requested Start Time:

Requested End Time:

Special Instructions or questions:

**Print, fill out and
E-mail this request to; Mcole@cdaid.org**

**Or copy and paste this doc to the above e-mail.
(R-click, Select All, Copy, click on Mcole@cdaid.org, paste, fill out there.**

**This is a temporary process. We will have a new form soon.
Thanks for your patience.**