

Conference Room Reservation Request

Name:		
Company/Organization:		
Phone Number:	E-Mai	il:
Reservation Date:	Time:	
Access to kitchen areWi-Fi and audiovisua	oom is available Monday-Friday ea is granted. al equipment are available upon : \$10/hour (must be paid in adv	request.
Mail form and payme	r e-mail dillardconsulting@att.n ent to <i>(payable to Dillard Consulting</i> _C - P.O. Box 395 – Clinton, MS 3)
Office Use Only:		
Date Submitted:	Hours Needed:	Amount Due:
Fee Paid:	Date Paid:	Cash/Check#