



CONFERENCE ROOM REQUEST FORM

<p>Tenant Name: _____ Bill to Suite# _____</p> <p>Today's Date _____ Requested By: _____</p>
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Hourly Rate for conference room use is \$25.00 per hour

Conference Booking Date: _____

From (Time): _____ am/pm

To (Time): _____ am/pm

Total Hours Requested: _____

Total Charge for Usage: \$ _____

Authorized Signature: _____

Date: _____

Please return completed form to MSG Management within 24 hours of date needing air condition services. You may email the form to either egeckler@msgmanagement.com or mleyva@msgmanagement.com or fax it to (210) 490-7725. For questions please call (210) 490-7272.