

Premier Business Center of Anchorage

-Conference Room Reservation-

Today's Date:	
Reservation Date:	

CONTACT NAME:	
COMPANY:	
BILLING ADDRESS:	
E-MAIL:	
CONTACT PHONE #:	
ALTERNATE CONTACT & PHONE #:	

REQUESTED CONFERENCE ROOM:      \*Please note video conferencing is only available in room 3.

**Check one:**                      **Time:**

<input type="checkbox"/> C-1 Medium (6 people)	<u>From:</u>	<u>Until:</u>
<input type="checkbox"/> C-2 Medium (8 people)	<u>From:</u>	<u>Until:</u>
<input type="checkbox"/> C-3 Large (10 people)	<u>From:</u>	<u>Until:</u>
<input type="checkbox"/> C4 Small (4 people)	<u>From:</u>	<u>Until:</u>

Type of Function:
Meeting Amenities
<input type="checkbox"/> Whiteboard
<input type="checkbox"/> Markers
<input type="checkbox"/> Note Pads
Other:
*NUMBER OF PEOPLE:

**\*VIDEO CONFERENCE:**

IP Address:		Type of Conference:	
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COMPANY NAME:	
Contact Name:	
Contact: Number:	
Additional Information you feel might be helpful:	

**\*\*\* Form of Payment:**

Credit Card     Check     Cash     Virtual Pre-Paid     Bill Me

**BILLING CONTACT INFORMATION:**

NAME:	
PHONE:	
COMPANY NAME:	
E-MAIL:	

**\*\*CANCELLATIONS NOT MADE WITHIN 24 HOURS OF THE SCHEDULED RESERVATION WILL BE CHARGED IN FULL**

**Return form for reservation confirmation**

**Fax: (907) 279-8234      E-mail: [pbcanchorage@gmail.com](mailto:pbcanchorage@gmail.com)**