

# AHFC Conference Center

**4300 Boniface Parkway**

Training/ Board Room Request Form

Clear Form

E-mail form to:

[conferencecenter@ahfc.us](mailto:conferencecenter@ahfc.us)

Date: \_\_\_\_\_

## Organization Contact Information

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Event Start Date: \_\_\_\_\_ Event End Date: \_\_\_\_\_ Number Attending: \_\_\_\_\_

Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

How does this fulfill AHFC mission to "provide safe, quality and affordable housing to Alaskans"?

Is this event open to the public? \_\_\_\_\_ Are you charging a fee? \_\_\_\_\_

## AHFC Department Meeting Sponsor

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Training Rooms

Please select from the group of available rooms:

### Standard Equipment available in each room

Please select your request below:

Podium                       Microphone and Speakers                       Classroom Style Seating  
 55" LCD Monitor                       Laptop - HDMI input for non-AHFC                       Wi-Fi  
 Projector & Screen                       Teleconferencing

The undersigned representative of the organization which is applying for permission to use the training/ board room facilities has received the Training/ Board Room Agreement and agrees to abide by the policies of the AHFC with regard to such room(s).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
AHFC Department Representative Signature

\_\_\_\_\_  
Date

## Administrative Services Use Only

Approved by Greg Rochon: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail approved request form to requestor: \_\_\_\_\_ (When room has been approved.)

Training/Board Room Agreement Received: \_\_\_\_\_

Reserved Room: \_\_\_\_\_ Was room requested available? \_\_\_\_\_ Other Room: \_\_\_\_\_ Approved: \_\_\_\_\_

