



## House Floor Reservation Request

Please complete this form and fax it to the Speaker's office at 5-7500. We will contact you to confirm your request. Any questions should be directed to Pete Eskew at 5-2204. Thank you.

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

Entry time: \_\_\_\_\_ a.m. p.m. (circle one) Exit time: \_\_\_\_\_ a.m. p.m. (circle one)

Number attending: \_\_\_\_\_

Group name: \_\_\_\_\_

Purpose of visit: \_\_\_\_\_

Member's Name: \_\_\_\_\_

Staff Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

***I understand that I am required to be present and I certify that the proposed use of the House Floor is for Congressional purposes only.***

\_\_\_\_\_  
*Member of Congress*