



SAMUEL MERRITT  
UNIVERSITY

**HEALTH EDUCATION CENTER**  
**400 Hawthorne Avenue**  
**Oakland, CA 94609**  
**Phone (510) 869-6161 Fax (510) 869-6247**

**RESERVATION REQUEST**

Thank you for choosing the Health Education Center to host your event.

After your review of our attached Information Packet and completion of this Reservation Agreement, please return to a Health Education Center Scheduling Coordinator via, fax, mail or walk-in.

**Client Information:**

Company Name: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

.....  
**Event Information:**

Event Date: \_\_\_\_\_  
Event Start & End Time: \_\_\_\_\_  
Event Title: \_\_\_\_\_  
Expected # of Attendees: \_\_\_\_\_  
A/V Services: \_\_\_\_\_  
Catering Services  
(Provide name of catering company): \_\_\_\_\_  
Room Configuration: \_\_\_\_\_  
Miscellaneous Requests: \_\_\_\_\_

Booking #: (For office use only) \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date