

NEIGHBORHOOD PRESERVATION CENTER

a project of the St. Mark's Historic Landmark Fund



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Meeting Room Reservation Form

Today's Date: _____ Date(s) of Meeting(s): _____

Name of Organization: _____

Starting Time (include any time needed for set-up): _____

Ending Time (include any time needed for clean-up): _____

No. of People Attending: _____ No. of Rooms Needed: _____

Nature of Meeting (staff retreat, board meeting, workshop, etc.): _____

Contact Person (on day of meeting): _____ Cell No: _____

If this is the first time your group is using our space, please provide the following information on your organization's letterhead:

Name of Organization
Non-Profit Status
Mailing Address
Contact Person (name and title)
Phone Number
Fax Number
Email Address
Website Address
Organization Mission Statement

Please return this form via email to meeting-rooms@neighborhoodpreservationcenter.org
or by facsimile to 212-471-9987.