



Reservation Request Form for:

LMC Meeting Room

LMC Training Room (with Computers)

FAX Completed Form (all information must be completed) to the LMC

(Airline or Service Company)

Requesting Company: _____ **Fax:** _____

Requesting Agent's Name: _____ **Phone#:** _____

If Service Company Representing

Airline's Name _____ **Requested Dates:** _____

Shift: **0700-1500** **1500-2300** **2300-0700**

If less than full shift time is required, please advise time period needed: _____

1. The training room may be reserved up to 8 weeks prior to the intended date of use.
2. The training room **cannot be reserved** for more than a maximum of 14 consecutive days (including weekends), or 2 consecutive 5day periods (i.e. Monday – Friday) within a 4 week period for any one individual airline's use.

******CHANGES AND CANCELLATIONS*******

1. All airlines who reserve the meeting room or training room must re-confirm usage date and time reservations no later than 2 weeks prior to intended date of use. **Failure to do so will result in automatic cancellation of the reservation.**

*******Reconfirmation:** **Date faxed to LMC** _____ **Agent Name:** _____

LMC reconfirmation Date: _____ **Signature:** _____

2. An airline with confirmed room reservations who **"NO SHOWS"** will not be allowed to reserve the training or meeting room during the next sixty day period.

FOR LMC USE ONLY: **Date Faxed to Airline:** _____

A signature from the airlines is required to hold space:

Airline Signature _____ Airline Code: _____ Phone# _____ Date _____

PLEASE CANCEL THE ABOVE ROOM RESERVATION

Agent Name: _____ **Phone#:** _____ **Date:** _____

LMC acknowledgement of cancellation: _____ **Date:** _____

**Form Revised:
June 26, 2001**