(Group/Organization Name)                                    (Conference Guest Name)

Emergency Contact: ______________________________________________________________________________

(AGE 17 & UNDER MUST PROVIDE EMERGENCY CONTACT)

Building: ___________________________    Room Number: ___________________________

Key Number: ___________________    Key Number: ___________________    Key Number: ___________________

I ________________________________ have received the key(s) listed above.

I understand by signing below I accept full responsibility for the care and return of all key(s) listed above. I further understand that I will be responsible for the cost to replace all key(s) issued if not returned on the date and time indicated above or in a satisfactory condition. The key replacement cost is $170.00.

Issue Date: ________________

Received By: __________________________

Issued By: __________________________

(SIGNATURE)

Return Date: ________________

Returned By: __________________________

Received By: __________________________

(SIGNATURE)

Room Checklist
Please confirm that the following items are present in your room and are in a satisfactory working condition: (Linens and toiletries are not provided)

☐ Bed
☐ Desk
☐ Chair
☐ Air Conditioner(s)
☐ Microfridge (one [1] per double room; two [2] per suite)
☐ Toilet(s)
☐ Shower(s)
☐ Shower Curtain(s)
☐ Living Room Furniture (sofa/love seat/coffee table - Available in Single/Private Rooms Only)
☐ Closet

Concerns:

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________