

**NEW HAMPSHIRE DEPARTMENT OF SAFETY**  
**Division of Fire Standards & Training and Emergency Medical Services**  
**Mail: 33 Hazen Drive, Concord, NH 03305**  
**Location: 98 Smokey Bear Blvd, Concord, NH 03301**  
**FAX: (603) 271-1091**  
**Dorm Room Reservation Form**

Name: \_\_\_\_\_ Class/Activity Attending: \_\_\_\_\_  
 Dates: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 Town/City: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_  
 Telephone#: \_\_\_\_\_

Department Represented: \_\_\_\_\_

**If not an IN STATE Fire Service or EMS member, a \$40.00 per night fee will be assessed.**  
 Payment Method: \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Invoice above Dept. \_\_\_\_\_ Credit Card

CC Type: Visa \_\_\_\_\_ MC \_\_\_\_\_  
 CC Number: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Exp. Date \_\_\_\_\_ V Code \_\_\_\_\_ (3 digit # on the back of card)  
 Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Please fill out completely**

Date and Time of Arrival:	Date and Time of Departure:
Emergency Contact:	Emergency Telephone:
Special/Medical/Handicap Considerations:	

*(Please note that there is a \$25.00 replacement fee for lost keys.)*

**If you require an invoice for the lodging expenses, please fill in the information below.**

Department Mailing Address:  
 Name of Department: \_\_\_\_\_  
 Attention: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City/Town: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_

**Information below for office use only:**

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Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_  
 Room #: \_\_\_\_\_  
 Key Issued: \_\_\_\_\_ Key Returned: \_\_\_\_\_