

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
CHECK IN TIME IS AT 6:00PM

Name: _____ Class/Activity Attending: _____
 Dates: _____
 Street: _____
 Town/City: _____
 Zip Code: _____
 Telephone#: _____
 E-mail : _____
 Department Represented: _____

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: _____

Office Use Only	
Arrival Date: _____	Departure Date: _____
Room #: _____	
Key Issued: _____	Key Returned: _____

If not an IN STATE Fire Service or EMS member, a \$40.00 per night fee will be assessed.
Payment must be secured prior to your stay

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: _____