



150 CambridgePark Drive, Suite 204
Cambridge, MA 02140

Conference Room Reservation Form

Company Name: _____

Contact Name: _____

Contact Email: _____

Contact Phone: _____

Date of Event: _____

Name of Event: _____

Reservation Start Time: _____

Event Start Time: _____

Event End Time: _____

Reservation End Time: _____

Room Configuration: _____

Number of Guests: _____

Signed: _____

Date: _____

Notes

Please note that all Orange sections will be displayed on the digital signage located in the hallway entrance to the Conference Room.
Thank you for your business.

Terms & Conditions

Please refer to the Conference Room Terms of use.



LONGFELLOW

CAMBRIDGEPARK 