Governor Tauese P.F Sunia Ocean Center
Room Reservation Form

Please phone (684) 633-6500 to confirm availability and return this form via mail to the National Marine Sanctuary of American Samoa, P.O Box 4318, Pago Pago, AS 96799 or email it to: Tanimalie.Letuli@noaa.gov.

Date for room use: _____

Time *(please factor in time for set-up and take-down)*: Time In:_____ Time Out: _____

Room(s) to be used: ☐ Small Meeting Room ☐ Main Rotunda Exhibit Area
☐ Small Exhibit Area/Conference Room

Preferred seating arrangement:
☐ Square ☐ Workshop ☐ U-shape ☐ Theater ☐ Classroom

Do you request to decorate the room? ☐ Yes ☐ No Office use only: ☐ Approved ☐ Denied
Do you request to serve food or beverages? ☐ Yes ☐ No Office use only: ☐ Approved ☐ Denied
Do you request to serve alcohol? ☐ Yes ☐ No Office use only: ☐ Approved ☐ Denied
** If you answered yes to any of these questions, we will contact you for more information.*

Group/Activity Name: _____
Purpose: _____
_____
Estimated Group Size: _____
Contact Person: _____
Address: _____
Day Phone: _____ Cell: _____Fax: _____
Email: _____

Audio/Visual Equipment and/or Tour requested:
- ☐ LCD projector with screen
- ☐ Slide Projector
- ☐ Guided Tour of Exhibits
- ☐ Sound System/Mics

Comments & Special Requests: _____
_____
_____

By signing this form, you agree to comply with all guidelines and user responsibilities set forth in the Terms and Conditions of Room Use and with all laws of the American Samoa Government, and ordinances of the Territory. Failure to comply with these policies and procedures may result in termination of the user's right to use rooms at the Governor Tauese P.F Sunia Ocean Center.

Required $100 deposit.72 hours prior the event to confirm reservation

Signature: _____ Date: _____

Office Use Only

Use fee: _____
Equipment fee: _____ Staff assigned: _____
Total Fee: _____