

Mercy Center Burlingame
Request to Schedule an Event

Please complete this form and fax to
(650) 340-1299 Attention: Coni Quirk

Contact Person:
Group Name:
Organization Affiliation:
E-mail Address:
Postal Address:
City, State, and Postal Code:
Country:
Telephone Number:
Preferred Dates – Arrival and Departure
1 st Choice: Arrival Date _____ Departure Date _____
2 nd Choice: Arrival Date _____ Departure Date _____
3 rd Choice: Arrival Date _____ Departure Date _____
Day Guests _____ # Overnight Guests _____ Total # Guests _____
Meeting Room Needed? ___yes ___no
Breakout Room(s) Needed? ___yes ___no
Comments: <hr/> <hr/> <hr/>