



Hotel Night(s) Confirmation Form

FAILURE TO SUBMIT THIS CONFIRMATION FORM MAY AFFECT CONSIDERATION FOR FUTURE FUNDING!

If you have questions and or concerns, please do not hesitate to contact my office at (318) 880-0407.

Name of Grantee:

Name of Project Manager:

Email Address:

Phone#:

Name of Hotel	Number of Room Nights	Number of People
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Arrival Date(s)

Departure Date

Hotel Representative Name/Title
Printed

Hotel Representative Name/Title
Signature

PLEASE BE ADVISED: IT IS THE RESPONSIBILITY OF THE GRANTEE TO OBTAINED THE ABOVE INFORMATION AND RETURN THE COMPLETED FORM WITH THE GAEDA GRANT STATUS REPORT!!!! FAILURE TO DO SO MAY RESULT IN DENIAL OF FUNDING!