REQUEST FOR ROOM RESERVATION

NAME:
Check in Date: Check out Date:
NAME OF CONFERENCE:
MOTEL NAME:
CITY: PHONE #
ACCOMMODATIONS NEEDED: NON-SMOKING SMOKING SHARE A ROOM?
IS THERE A BLOCK OF ROOMS SET ASIDE FOR CONFERENCE? IF YES, HOW IS IT LISTED?
OTHER PERTINENT INFORMATION:
☐ HAVE YOU SENT IN REGISTRATION FORM? IF NOT, PLEASE ATTACH.
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YOUR CONFIRMATION
RESERVATION CONFIRMATION #
HOW BILLED: DIRECT BILLED CREDIT CARD
OTHER INFORMATION: