



RESERVATION FORM

____ INDIVIDUAL _____ NEW _____ GROUP _____ REVISION

CONFIRMATION No.: _____

ARRIVAL DATE: _____ DEPARTURE DATE: _____

NO. OF ROOMS: _____ TYPE: _____ SMOKING/NON-SMOKING RATE: _____

NAME: _____

COMPANY: _____

TRAVEL AGENT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CONTACT: _____ TEL: _____ FAX: _____

CREDIT CARD: _____ AX _____ VI _____ MC _____ DC

CC No.: _____ EXPIRATION DATE: _____

GUARANTEED BY:

____ COMPANY _____ WAIVE DEPOSIT _____ COMPLIMENTARY

SPECIAL COMMENTS: _____

SPECIAL REQUESTS: _____

MANAGER'S APPROVAL: _____

DATE RESERVATION ENTERED: _____

RESERVATION ENTERED BY: _____

TAKEN BY: _____ DATE: _____