

Hotel Reservation Form

Required Information

Name: _____

Email: _____

Check-In Date: _____ Check-out Date: _____

Hotel City: _____ State _____

Preferred Hotel Location: Downtown vicinity Near Airport Other _____

Room Type: King (2) Queen Suite

of Occupants: _____

Special Requests (such as non-smoking, near elevator, upper floor, Accessible room, etc.):

Are you a Rewards Member of a major hotel chain? Please provide the name of the hotel and your member # _____

Additional Information: _____

****Send completed form to your Board liaison****