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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