

ROOM ASSIGNMENT FORM

Show address where Hotel is to send confirmation.

Contact Person

Name _____
Address _____
City/St/Zip _____
Phone (_____) _____
Credit Card # _____

Share room with

Name _____
Room type: 1 bed 2 beds # People _____
Non smoking Smoking
nights _____ Arrival date _____
Exp _____

Name _____
Address _____
City/St/Zip _____
Phone (_____) _____
Credit Card # _____

Name _____
Room type: 1 bed 2 beds # People _____
Non smoking Smoking
nights _____ Arrival date _____
Exp _____

Name _____
Address _____
City/St/Zip _____
Phone (_____) _____
Credit Card # _____

Name _____
Room type: 1 bed 2 beds # People _____
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