



HOTEL RESERVATIONS FORM

Please Fax Completed Forms to 201.722.9735

Questions? Call 201.722.9733

Show Name: _____

Company Name: _____ Choose One: EXHIBITOR ATTENDEE
 Company Address: _____
 City: _____ State: _____ Zip: _____ Country: _____
 Telephone: _____ Fax: _____
 (If applicable, please include country code and city code for telephone/fax)
 Contact Person: _____ E-mail: _____

Credit Card Type: AMEX MC VISA DISCOVER Number: _____ Exp. Date: _____
 (If using individual credit cards indicate in last column below. Credit card guarantee is necessary to process hotel reservations.)

Hotel Preference: 1st _____ 2nd _____ 3rd _____

*Room Type	First & Last Name	Arrival Date	Departure Date	Guarantee Credit Card Number & Exp. Date

* To specify room preferences, please use the following ROOM TYPE CODES in the above ROOM TYPE column.

SGL = Single Person D = Double Person SM = Smoking NS = Non-Smoking K = King Bed 2D = 2 Double Beds

Please Indicate Special Requests (i.e.: Accessible Room, Roll-In Shower, Etc.)

 (Expo Travel will make every effort to confirm special requests noted above)