



Reservation Request Form

GROUP NAME: IEEE

EVENT NAME: CDC

PROGRAM DATES: 12/11/04 to 12/19/04

Please provide the following information, **printing** clearly in the spaces indicated.

Please complete one Reservation Request Form for each room you wish to request.

Arrival Date: _____ Departure Date: _____ Requested Tower: _____

Guest 1: Last Name _____ First Name _____

Billing Address _____

City _____ State _____ Zip Code _____ Country _____

Phone Number () _____ Fax () _____

email _____

Select: Adult or Child Specify Child's Age _____

Guest 2: Last Name _____ First Name _____

Billing Address _____

City _____ State _____ Zip Code _____ Country _____

Phone Number () _____ Fax () _____

email _____

Select: Adult or Child Specify Child's Age _____

Guest 3: Last Name _____ First Name _____

Billing Address _____

City _____ State _____ Zip Code _____ Country _____

Phone Number () _____ Fax () _____

email _____

Select: Adult or Child Specify Child's Age _____

Guest 4: Last Name _____ First Name _____

Billing Address _____

City _____ State _____ Zip Code _____ Country _____

Phone Number () _____ Fax () _____

email _____

Select: Adult or Child Specify Child's Age _____

CREDIT CARD DETAIL

Please note that this credit card must belong to one of the above-mentioned guests.

Select Card Type:

American Express Visa Mastercard Discover Diners Club

Card Number: _____

Name (as it appears on card): _____

Expiration Date: _____

Authorized Signature: _____

Note: Check-in time begins at 3.00pm and Check-out time is 11.00 am

FAX THIS SIDE ONLY