INTERNATIONAL FRANCHISE EXPO ACCOMMODATION FORM

Company Name:_____ **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:_____**Number:**_____**Exp. Date:**_____
(Note: 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	Names (First & Last)	Dates (Arrival/Departure)	Credit Card (Guarantee & Expiration Date)

For room type, please specify: **S – Smoking,** **N – Non-Smoking**
Sgl – Single, **Dbl – Double,**
K – King, **DD - 2 Double beds.**

For special requests, please write out details below i.e.: Request accessible room with roll in shower.

Special request:
_____

Expo Travel will make every effort to confirm special requests noted above.
Expo Travel Inc 40 Tillman Street, Westwood, NJ 07675 Phone (201)722-9733 Fax (201)722-9735 www.expotravel.com