ACCOMMODATIONS FORM

Show Name:_____

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.

Please fax completed form to 201-722-9735 **Any questions please call 201-722-9731**