WEST COAST 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.) No charges will post to the card in advance unless advance deposit required is noted on your hotel choice.

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

Room Type	Names (First & Last)	Dates (Arrival/Departure)	Credit Card (Guarantee & Expiration Date)

For room type, please specify: **Sgl – Single, (typically one bed)** **Dbl – Double, (2 guests)**
K – King or Queen, **DD - 2 Double beds, 2 guests.**

For special requests, please write out details below i.e.: Request accessible room with roll in shower.
Most hotels are now non smoking, but may offer a few smoking rooms. If you require a smoking room, please list that as a special request.

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