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:_____ **Confirmation 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