

GROUP NAME:

CONTACT NAME:

TEL#:

E-MAIL:

Event Dates:

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Date Submitted:

Due Date:

LAST NAME	FIRST NAME	S/ NS	VIP	ARRIVAL DATE	DEPARTURE DATE	ARRIVAL TIME	ROOM TYPE	BILLING CODE	SPECIAL COMMENTS AND/OR CREDIT CARD NUMBERS	
ROOM TYPE: S - King D - Double (2 Beds) 1 BRS - One Bedroom Suite SPS - Specialty Suite		S = Smoking NS = Non Smoking		BILLING: IPO - Individual pays own RAT - Room & Tax only to master RTS - Room, Tax & Resort fee to master ALL - All charges to master			VIP: Please note VIP's title and any special requests		COMMENTS: Please note "Share-withs" Credit Card numbers and expiration Date Special accommodations	