

# HOTEL RESERVATION FORM

**INDICATE HOTEL PREFERENCE:**

First Choice \_\_\_\_\_

Second Choice \_\_\_\_\_

Third Choice \_\_\_\_\_

**NAME OF OCCUPANT(S):**

(Bracket names sharing rooms)

\_\_\_\_\_

**PERSON TO WHOM CONFIRMATION SHOULD BE MAILED:**

Family/Last/Given Name \_\_\_\_\_

First Name \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_

Email Address \_\_\_\_\_

**INDICATE TYPE OF ROOM REQUESTED:**

(check one)

Single (1 bed, 1 person)

Double (1 bed only, 2 people)

Double/Double (2 beds, 2-4 people)  Triple  Quad

Smoking

Non Smoking

Require special facilities in accordance with the American With Disabilities Act  
(Please attach description).

Arrival Date \_\_\_\_\_ Arrival Time \_\_\_\_\_ Departure Date \_\_\_\_\_

\*Reservations will not be processed without a form of guarantee.

**TYPE OF CARD:**

American Express  Diner's Club  VISA  Discover  MasterCard

Account# \_\_\_\_\_ Expiration Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Check [must accompany form in the amount of \$175 per room (payable to SJCVB)

FAXed forms will not be accepted without credit card information. No purchase orders will be accepted.]