

# Conference Guest Reservation Form

## Personal Information

**First Name\***

**Last Name\***

**Email Address\***

**Phone Number\***

**Organization / Company**

**Job Title**

## Reservation Details

**Check-in Date\***

**Check-out Date\***

**Room Type\***

**Number of Guests\***

## Session Preferences

- ☐ Opening Keynote
- ☐ Workshop A: Leadership
- ☐ Workshop B: Innovation
- ☐ Panel Discussion
- ☐ Networking Event

## Special Requirements

### Dietary Restrictions

E.g., Vegetarian, Gluten-Free

### Accessibility Needs

Please specify any special accommodations

### Other Requests / Notes

### Payment Information

#### Preferred Payment Method\*

- ☐ Credit Card
- ☐ Bank Transfer
- ☐ On-Site

Submit Reservation