

Hotel Reservation Form for Conferences

*Please complete this form and submit it to the hotel reservations department.
(Use one form per guest. Photocopy if more forms are needed.)*

Guest Information

Full Name:

Enter your full name

Organization/Company:

Your organization

Phone Number:

Contact phone number

Email Address:

Email address

Reservation Details

Conference Name:

Conference / Event name

Check-in Date:

Check-out Date:

Room Type:

-- Select Room Type --

Number of Guests:

Special Requests:

Dietary, accessibility, etc.

Payment Information

Payment Method:

-- Select Payment Method --

Billing Address:

Enter billing address

Signature:

Sign here (if printed)

Date:

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