



International Quality & Productivity Center

HOTEL RESERVATION REQUEST FORM

Event Name:	
Dates of Event:	
Name:	
Address:	
City, State, Zip:	
Telephone:	Email:
Arrival Date:	Departure Date:
All rates are subject to 13.0% per room hotel and occupancy tax, which is subject to change.	
No. of People:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Room Type:	<input type="checkbox"/> King <input type="checkbox"/> Double/Double
Smoking Preference:	<input type="checkbox"/> Smoking <input type="checkbox"/> Non-Smoking
Note: While the hotel will do everything to accommodate your requested room type and smoking preference, we cannot guarantee your exact request. There is a better availability of room types the earlier the request is made.	
Guarantee:	One night's room and tax is required to hold all reservations.
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express	
Credit Card #	Exp. Date
Cardholder:	
Signature:	
Note: Any changes or cancellations must be made 48 hours prior to arrival to avoid a penalty of one night's room and tax. Please contact the hotel directly regarding cancellation.	
Email Form To:	Melissa.Allocco@iqpc.com