

Exhibitor Group Reservation Form

To reserve a block of rooms by mail or fax, please complete and return this form. Rooms are reserved on a first-come, first-served basis. To assure accuracy, please complete each part of the form by printing or typing all information.

1. To make reservations on or after November 6, 2017



Online: www.iwfatlanta.com/exhibitor/IWF-Housing



Fax: 301-694-5124



Call: 800-803-5486 (U.S.) or +301-662-7319 (Int'l) (9:00am - 5:00pm EST)



Mail: IWF 2018 Housing,
 5202 Presidents Court
 Suite G100
 Frederick, MD 21703

2. Hotel Selection

Please provide your first 6 hotel choices. If your selections are not available, an equivalent hotel will be assigned.

1: _____ 2: _____ 3: _____

4: _____ 5: _____ 6: _____

3. Number of Rooms Needed Each Night

Please determine how many rooms you will need based on the actual arrival and departure dates of your staff. For example, you will not need the same amount of rooms each night if your staff arrives and departs on a staggered schedule. Complete rooming lists and a credit card guarantee for each room reserved must be provided online or to IWF Housing & Travel at the address above no later than June 22nd, 2018**If your block extends before August 18 and/or beyond August 27, attach an additional sheet showing numbers of rooms needed for those dates.

Date	Sat. 8/18	Sun. 8/19	Mon. 8/20	Tues. 8/21	Wed. 8/22	Thur. 8/23	Fri. 8/24	Sat. 8/25	Sun. 8/26	Mon. 8/27
Example	2	2	5	10	14	14	14	14	5	2
# Singles Needed*										
# Doubles Needed*										
# Double/ Doubles Needed*										

4. Send Group Confirmation To:

All acknowledgements will be sent to this contact.

Contact Name _____

Company Name _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Phone _____ Fax _____ E-mail _____

5. Reservations Deposit:

All hotels require a credit card guarantee for each room reserved. Credit card information or deposit payment must accompany this form. Cancellation policies for the particular hotel you have reservations at will be indicated on your reservation confirmation. Reservations will not be processed until guarantee or payment information is received

Please indicate payment type:

Check Must be in U.S. dollars drawn on a U.S. bank and payable to **IWF 2018 / Experient**.

Credit Card Please note: An amount equal to one night's stay plus 16% tax per room will be charged to this credit card in the event of no-show or for any rooms not cancelled according to the hotel cancellation policy. Please refer to your confirmation email for your hotel cancellation policy.

Charge to: Visa MasterCard American Express

Card Number _____ Exp. Date _____

Cardholder Name _____

Signature _____

Please retain a copy of this form for your records. Questions? Call 800-803-5486 (in the U.S.) or +301-662-7319 (International)