

**Use this form if requesting
 less than 10 rooms.**

Photocopy as needed for additional rooms.
 Use the Group Reservation form for more than 10 hotel rooms

Exhibitor Individual Reservation Form

To reserve a room 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. Photocopy as needed for additional rooms if requesting 9 or fewer rooms.

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) (9:00 am - 5:00 pm ET)

Mail: IWF 2018 Registration & 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.

Please book rooms based on (check one): Rate Proximity to GWCC

Choice 1: _____ Choice 2: _____ Choice 3: _____

Choice 4: _____ Choice 5: _____ Choice 6: _____

Check type of room needed:

- Single (one person / one bed)
- Double (two people / one bed)
- Double / Double (two people / two beds)
- Triple (three people / two beds)
- Quad (four people / two beds)
- Suite (Please call 800-803-5486 in the U.S. or fax to +301-694-5124 for all suite requests.)

- Please check here if you need a room specially designed for the disabled, or need assistance from the hotel.

Please specify your type of need: _____

For questions, call 800-803-5486 (U.S.) or +301-662-7319 (International).

3. Guest Name: All acknowledgements will be sent to the guest name and address indicated here

Arrival date _____ Departure date _____

Name _____ (first / last) Sharing room with _____ (first / last)

Company Name _____

Address _____

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

Phone _____ Fax _____ E-mail _____

4. Reservation 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 2016 / Experient.

- Credit Card** 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.

Visa

MasterCard

American Express

Card Number _____ Exp. Date _____

Cardholder Name _____

Signature _____

Please retain a copy of this form for your records. Photocopy for additional rooms.

Questions? Call 800-803-5486 (U.S.) or +301-662-7319 (International)