



Meeting & Travel Consultants, Inc.

GROUP ACCOMMODATION REQUEST

(Please Type All Information Directly on Form And Fax to 732-549-3987)

Show Name: \_\_\_\_\_ Exhibitor  Attendee

Company Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Tel. # \_\_\_\_\_ Fax # \_\_\_\_\_
(If applicable, please include country code and city code for telephone/fax)

Email: (required) \_\_\_\_\_

Hotel Choice: 1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

(Note: Credit card required to guarantee reservation.)

Eligible for Government Rate: Yes  No  (Proper ID Required at Check-in)

ALL ROOM BLOCK REQUESTS MUST HAVE ATTENDEE NAMES WITH ARRIVAL/DEPARTURE DATES.

Table with 4 columns: Room Type (Sgl/Db), Attendee Name (First & Last), Dates Arr/Dep, Credit Card # & Exp. Date (If different from above). Contains 10 empty rows for data entry.

(Acknowledgment will be sent to you via email or fax)