



Reservation Bookings (i.e. hotel, conference, etc.)

Please complete this form and forward to the Administrative Assistant to the Secretary Treasurer a minimum of two weeks prior to requiring hotel or registration deadline for conference.

Trustee Name: _____

Event/Conference/Location: _____

Date of Conference: _____

Conference Registration: Yes No

Hotel Reservation required: Yes No

Number of People staying in room: _____

Signature: _____

For Regional Office Use Only

Hotel: _____

Phone Number of Hotel Reservations: _____

Date: Check In: _____ Check Out: _____ # of nights _____

Type of Room: _____ Number of Adults: _____

Date Reservation Made: _____

Confirmation Number: _____ Cancellation Number: _____

Third Party Billing sent by: Fax Email

Conference Registration: Email Fax: Mail Telephone

Paid by: Trustee Third Party Billing

Completed by Regional Office Employee: _____

Date Completed: _____