



Authorization No.	<input type="text" value="AUTH12345"/>	<input checked="" type="checkbox"/> Complimentary <input type="checkbox"/> House Use
Guest Name:	<input type="text" value="John Doe"/>	
Company/Agent:	<input type="text" value="Acme Corporation"/>	
Position:	<input type="text" value="Manager"/>	
Arrival Date:	<input type="text" value="2025-01-24"/>	Departure Date: <input type="text" value="2025-01-30"/>
Persons:	<input type="text" value="2"/>	No. of Rooms: <input type="text" value="1"/>
Room Type:	<input type="radio"/> Superior/Standard <input type="radio"/> Premier <input checked="" type="radio"/> Suite	
Reason for Complimentary:	<input checked="" type="checkbox"/> Inbound Contract <input type="checkbox"/> Group Contract <input type="checkbox"/> Guest Complaint <input checked="" type="checkbox"/> Prize Winner <input type="checkbox"/> Site Inspection/Fam. Trip Other (specify): <input type="text" value="Special Event"/>	
Inclusions:	<input checked="" type="checkbox"/> Rooms <input checked="" type="checkbox"/> Food <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Internet <input type="checkbox"/> Laundry <input type="checkbox"/> Minibar Other Remarks: <input type="text" value="Special dietary requiremen"/>	
Requested By:	<input type="text" value="Alice Johnson"/>	Sign: <input type="text" value="A. Johnson"/>
Authorized By:	<input type="text" value="Bob Smith"/>	Reservation No.: <input type="text" value="RES67890"/>

Submit