GUEST RESERVATION REQUEST

TO:	Reservations Department	FROM:	
FAX:	303-442-3821	PAGES	
PHONE:	800-545-6285	DATE:	
RE:	RESERVATION REQUEST	CC:	

GROUP NAME:	Wireless Power Transfer Co	onference	
GUEST NAME:			
ADDRESS:			
PHONE NUMBER:			
ARRIVAL DATE:			
DEPARTURE DATE:			
ROOM TYPE PREFERENCE:			
CREDIT CARD NUMBER:	** MUST CALL HOTEL I PROVIDE ON THIS FORM	DIRECTLY AT 303 443 3 **	850 - DO NOT
EXPIRATION DATE:		CREDIT CARD TYPE:	

All reservations must be guaranteed for arrival with a valid credit card or one night's room and tax deposit received no later than five (5) business days after reservation is made. The cancellation policy for this group is 24-hours prior to the day of arrival. To avoid cancellation fee equal to one night's room and tax, you must cancel your reservation by 4:00PM MST on the day prior of arrival.

Room type preferences may be requested but are **not** guaranteed. We will do our best to honor guest requests, but they are based upon availability at time of check-in.

The current occupancy tax rate is 12.30%, and this rate is subject to change.

Check in time is 3:00pm and check out time is 12:00pm. Guests must present a valid photo ID at check in. We accept cash, check and major credit cards.

For Reservations Department Use Only:						
Confirmation Number:	Agent:	Date:				