

PBS 2001 Technology Conference
Alexis Park Resort Reservation Request

Full Name: _____

Title: _____

Organization: _____

Address: _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Arrival Day and Date: _____

Departure Day and Date: _____

Number of Nights (just checking your math!): _____

Single Occupancy _____ Double Occupancy _____

Smoking _____ Non-Smoking _____

Queen _____ DbI/DbI _____ King (if available) _____

Payment Guarantee:

No charges will be made to your credit card except in the event of a no-show. PBS will guarantee your reservation but you will be responsible for all charges at checkout.

Complete all information below for credit card payments. **PLEASE PRINT CLEARLY**

Credit card number: _____ Exp. Date: _____

Credit Card Type: ☐ AMEX ☐ MasterCard ☐ VISA

Name as it appears on

card: _____

Card Holder Signature: _____ Date: _____

Have questions?

Call 703/739-5452 for assistance

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