

## 1. To Make Reservations



Fax: 972-349-7715



Mail: IWF Housing & Travel  
 P.O. Box 678192  
 Dallas, TX 75267-8192

## 2. Hotel Selection

Association members will be accommodated in the following hotel. Please complete and return this form immediately since hotel reservations are on a first-come, first-served basis.

**Marriott Marquis - Rate: \$136 single or double**

Type of room:  Single (one person / one bed)  Double (two people / one bed)

Double/Double (two people / two double beds)

Suite (Please call 888-843-7808 in the U.S. or fax to +972-349-7715 (for all suite requests.)

Please check here if you need a room specially designed for the disabled, or need assistance from the hotel.

Please specify your type of need: \_\_\_\_\_

For questions, call 888-843-7808 (U.S.) or 972-349-5823 (International).

## 3. Number of Rooms Needed Each Night

If your block extends before August 16 and/or beyond August 25, attach an additional sheet showing numbers of rooms needed for those dates.

Date	Sat. 8/16	Sun. 8/17	Mon. 8/18	Tues. 8/19	Wed. 8/20	Thur. 8/21	Fri. 8/22	Sat. 8/23	Sun. 8/24	Mon. 8/25
Example	2	2	5	10	14	14	14	14	5	2
# Singles Needed*										
# Doubles Needed*										
# Double/ Doubles Needed*										

\* Please determine how many rooms you will need based on the actual arrival and departure dates of your staff. For example, you will not need the same amount of rooms each night if your staff arrives and departs on a staggered schedule. Complete rooming lists and a deposit/guarantee for each room reserved (equal to the cost of one night's stay plus 15% tax) must be provided to IWF Housing & Travel at the address below no later than June 20, 2008.

## 4. Send Group Confirmation To: *All acknowledgements will be sent to this contact.*

Contact Name \_\_\_\_\_ Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

## 5. Reservations Deposit:

All hotels require one night's deposit/guarantee for each room reserved (equal to the cost of one night's stay plus 15% tax). Payment must accompany this form. Cancellation policies for the particular hotel you have reservations at will be indicated on your reservation confirmation. Reservations will not be processed until payment is received.

**Please indicate payment type:**

**Check** Must be in U.S. dollars drawn on a U.S. bank and payable to **IWF 2008 / Wyndham Jade**.

*If you are paying with a check and would like to guarantee your rooms as soon as possible, you can fax a copy of this completed form with complete credit card information (below) to temporarily guarantee your reservations until your check is received through the mail.*

**Credit Card** Please note: Your deposit (an amount equal to one night's stay plus 15% tax per room) will be charged to this credit card.

Charge to:  Visa  MasterCard  American Express

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder Name \_\_\_\_\_ 3 or 4 digit security code \_\_\_\_\_

Signature \_\_\_\_\_

**Please retain a copy of this form for your records. Questions?** Call 888-843-7808 (in the U.S.) or +972-349-5823 (International)