

Delegate Hotel Reservation

**DO NOT SEND THIS FORM IF YOU HAVE RESERVED ROOMS ONLINE.
RESERVATIONS WILL NOT BE PROCESSED IF FORM IS INCOMPLETE.**

Acknowledgments are e-mailed or auto-faxed to the contact person requesting the room(s).

Rank Hotels: Rank hotels in order of preference from 1 to 6, with 1 being your first choice:

____ Embassy Suites
____ Hilton

____ Marriott Blackstone
____ Omni Fort Worth

____ Renaissance Worthington
____ Sheraton

Contact Person Requesting Room(s) (please print):

First Name _____ Middle Initial _____ Last Name _____

E-mail Address (REQUIRED to receive an e-mail acknowledgment) _____

Organization _____

Street Address or P.O. Box Number _____

City _____ State _____ Zip Code _____

Daytime Number _____ Fax Number _____

Rooming List: One line per room. Please list all occupants.

Guest Name	Arrival Date	Departure Date	Additional Guest(s) in Same Room	Room Type*
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*Room Types: The housing bureau will request the room type, and the hotel will confirm if it is available at check-in.

SINGLE (1 room; 1 person, 1 bed)

DOUBLE (1 room; 2 people, 1 bed)

DOUBLE/DOUBLE (1 room; 2 people, 2 beds)

Smoking

Non-Smoking

Handicap Accessible

Room Guarantee: All rooms must be guaranteed with a credit card or a check deposit of \$200 for each reservation before your reservation is considered confirmed. **Make checks payable to the BACVA/TML Housing Bureau.**

Will pay deposit by: Credit Card Check

Type of Card _____ Credit Card Number _____

Expiration Date _____ Name on Card _____

Special Requests:
