

# Hotel Reservations

Please complete ALL relevant fields.

**Complete if you need hotel reservations for a visitor/speaker.**

Requestor:

Full name of Guest:

Workshop

Lecture

Recruitment

Group Booking

Number of Guests:

Guest Cell Phone #:

Guest Email:

Arrival Date:

Departure Date:

Hotel preferences: 1.

2.

3.

If the Colonnade Club is preferred, please indicate the Club Member who will sponsor the guest:

**PTAO:** This will be used to pay for anything related to your event.

PTAO: P

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**Once you have completed this form, email it to the department's administrative assistant. Once the reservation has been confirmed, please go to the main office, room 237, and sign for confirmation.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Notes: