

GUEST RESERVATION REQUEST

TO:	Reservations Department	FROM:	
FAX:	303-443-1480	PAGES	
PHONE:	800-545-6285	DATE:	
RE:	RESERVATION REQUEST	CC:	

GROUP NAME:	NIST ISART 2007		
GUEST NAME:			
ADDRESS:			
PHONE NUMBER:			
ARRIVAL DATE:			
DEPARTURE DATE:			
ROOM TYPE PREFERENCE:			
CREDIT CARD NUMBER:			
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 4pm on the day of arrival. To avoid cancellation fee equal to one night's room and tax, you must cancel your reservation by 4PM on the day of arrival.

Room type preferences including smoking or bedding 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.

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 your protection, we do not accept debit cards at the front desk. There is an ATM conveniently located in our lobby.

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