Travel Services
Wakes Colne, Colchester, CO6 2DB
Tel: 0845 658 1 658
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Client Company:

Contact Name and Tel:

Hotel Required:

BETT 2007
Accommodation
Group Booking Form (2)

TITLE	GUEST'S FIRST & LAST NAME(S)	SPECIFY OCCUPANCY*	SMOKING OR NON	SUN. 07/01/2007	MON. 08/01/2007	TUE. 09/01/2007	WED. 10/01/2007	THU. 11/01/2007	FRI. 12/01/2007	SAT. 13/01/2007

NOTES - PLEASE READ CAREFULLY: Please Specify as follows: Smoking or Non-Smoking room preferences (not guaranteed) as **SM** or **NON**

Please Mark *** Occupancy** as**: S** - Single bed room, **D/SO** - Double bed for single occupancy, **D/DO** - Double bed for double occupancy, **TW** - Twin (two single beds in one room)

Please mark required nights on chart for each client as: **X** - Single Occupancy. **XX** - Double / twin occupancy - please mark each guest in line indicating which nights they will stay).

Main exhibition accommodation nights are Tuesday 09/01/2007 - Friday 12/01/2007 inclusive.

Please photocopy this form first if more spaces are required