Travel Services
Wakes Colne, Colchester, CO6 2DB
Tel: 0845 658 1 658
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E-mail: Sev.rees@travelservices.com

Client Company:

Contact Name and Tel:

Hotel Required:

EDUCATION SHOW 2007
Group Booking Form

TITLE	GUEST'S FIRST & LAST NAME(S)	SPECIFY OCCUPANCY*	SMOKING OR NON	Tuesday 20/03/2007	Wednesday 21/03/2007	Thursday 22/03/2007	Friday 23/03/2007	Saturday 24/03/2007	COMMENTS / SPECIAL REQUIREMENTS

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 Wednesday 21st, Thursday 22nd & Friday 23rd April 2007

Please photocopy this form first if more spaces are required