Travel Services
Wakes Colne, Colchester, CO6 2DB
Tel: 0845 658 1 658
Fax: 0845 658 1 659
E-mail: Sev.rees@travelservices.com

**Client Company:**

**Contact Name and Tel:**

**Hotel Required:**

INFOSEC / SERVICE DESK 2007
Group Booking Form

| TITLE | GUEST'S FIRST & LAST NAME(S) | SPECIFY OCCUPANCY* | SMOKING OR NON | Sunday 22/04/2007 | Monday 23/04/2007 | Tuesday 24/04/2007 | Wednesday 25/04/2007 | Thursday 26/04/2007 | 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 Monday 23rd, Tuesday 24th & Wednesday 25th April 2007**

**Please photocopy this form first if more spaces are required**