

Hotel Reservation Request Form

Please fill out one section below for *each* guest reservation needed.

Person or Department Requesting Reservation: _____

HOTEL PREFERENCE

(w/ current room rates; please account for tax;

Based on availability.)

- Hampton Inn, West Springfield (\$99)
- Sheraton Springfield (\$134.00)
- Hilton Garden Inn, Springfield (15% off "rack" rate)
- Sheraton Bradley Airport, Windsor Locks, CT (\$195)
- Other (*must* have direct billing set up; please contact Arlene Rock (413) 782-1538 or Deanna Laffan (413) 782-1236 in Accounts Payable for options)

Name of Guest: _____ Date of Arrival: _____

of Nights Requested: _____ Room Preference: King or 2 Doubles

Charges to be covered: Room & Tax only Room & Tax w/incidentals Guest pays own

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