

RESERVATION ORDER

DATE:

CONF#:

1.		
2.		
LAST NAME	(M/M MRS) FIRST NAME	(MR MS) NO.PERSON

ARRIVAL DATE	NO.NIGHTS	DEPARTURE DATE
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ARRIVAL TIME	MEIHOD OF TRANSPORT	FLIGHT NUMBER
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NOTE: Confirmation of arrival time is necessary, otherwise room will be released after 6:00pm.

Type of Reservation 6pm A
D CC

REQUEST BY	COMPANY NAME	TEL FAX CONTACT NUMBER
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<input type="checkbox"/> KECS (N)	<input type="checkbox"/> TECS (N)	<input type="checkbox"/> XOTS (N)
<input type="checkbox"/> KVUS (N)	<input type="checkbox"/> TUVS (N)	<input type="checkbox"/> XVUS
<input type="checkbox"/> KEXS (N)	<input type="checkbox"/> TEXS (N)	<input type="checkbox"/> XLOS
<input type="checkbox"/> KOTS	<input type="checkbox"/> XSTS (N)	<input type="checkbox"/> XFTS

<input type="checkbox"/> ROOM RATE	<input type="checkbox"/> PAX ACCOUNT	SRC:
		GTD/TYPE:
	<input type="checkbox"/> BILL TO AGT	MKT GRP CDS:
		<input type="checkbox"/> W/VOUCHER
		<input type="checkbox"/> W/OUT VOUCHER
SA	<input type="checkbox"/> CO ACCOUNT	<input type="checkbox"/> ROOM ONLY
FT1(WWCA).....		<input type="checkbox"/> ALL
FT2(PC).....		

SHARING INSTRUCTION:	
MULTI FOLIO INSTRUCTION:	
SPECIAL SERVICE:	
MEAL PLAN:	

TAKEN BY _____

CHECKED BY _____