JPS Request for Lodging



Name:						Travel #			
School:						Date:			
Conference,	Workshop	o, Eve	nt: (atta	ach agen	da/flier)				
Name:									
Sponsor/Ven	dor:								
Location:									
Beginning Da	ate- End D	ate:							
Beginning Ti	me- End T	īme:							
Lodging									
Check In Date:					Check Out Date:				
# of Rooms I	Needed:						!		
Room Assign	nment								
Room Assignment				Nam	е		-	Room Type: ouble	Room Type: King

1st Choice: Hotel Name: Address: Phone Number: Fax Number: Conference Block of Room: ____ Yes ____ No Conference Rate: 2nd Choice: Hotel Name: Address: Phone Number: Fax Number: Conference Block of Room: ___ Yes ___ No Conference Rate: 3rd Choice: Hotel Name: Address: Phone Number: Fax Number: Conference Block of Room: ___ Yes ___ No

Hotel Choices:

Conference Rate:

Transportation: Airfare:						
Requested Travel Times:						
**Attach copies of each perso	n's drivers license					
Other:						
 ☐ School will book charter bus ☐ School will reserve school vehicles ☐ School will take personal vehicles 						
OFFICE USE ONLY						
Confirmation Number:						
Cancellation Policy:						
Credit Card Authorization:						