

Dundalk Chapter Housing Request Philadelphia International Convention

This Form MUST Be Completed & Returned As Soon As Possible (NO LATER THAN April 13, 2010)

Please Print All Information

Last Name _____ First Name _____ Middle Name/Initial _____ Mr/Mrs/Ms/Miss/Dr _____

Street _____ City _____ State _____ Zip _____

Email _____ Phone(H) _____ (W) _____ (C) _____

Total Number of Guests in Room _____ If More Than 2 Guests Enter All Info on Back of Form

Guest Last Name _____ First Name _____ Middle Name/Initial _____ Mr/Mrs/Ms/Miss/Dr _____

Street _____ City _____ State _____ Zip _____

Email _____ Phone(H) _____ (W) _____ (C) _____

I will need () King or () DBL/DBL=2 beds Non Smoking () or Smoking () I will need Handicap Equipped Room Y () N ()

Special Needs: Y () N () limited to 255 characters or less & must be listed on Back of Form

I will arrive on _____ (Day & Date) I will depart on _____ (Day & Date) For a total of _____ nights

Credit Card Type: Amer. Ex () Account Number: _____ Exp Date: (Mo) _____ (Yr) _____

Discover ()

Master Card ()

Visa ()

Only Two Rewards Programs Available AAdvantage American Airlines ()

Loews First from Loews Hotels ()

Membership # _____

(Signature of Member)

(Date)