



INDIVIDUAL EXHIBITOR

LAST NAME: _____ FIRST NAME: _____

COMPANY/ORGANIZATION: _____

ADDRESS: _____

CITY/STATE/ZIP: _____ COUNTRY: _____

PHONE: _____ FAX: _____ EMAIL: _____

HOTEL PREFERENCE

Every effort will be made to place you at one of your preferred hotels. If none are available, SATELLITE Housing will place you in a comparable hotel.

1) _____ 2) _____

3) _____ 4) _____

5) _____ 6) _____

RESERVATION INFORMATION

Arrival Date: _____ Departure Date: _____

*Special Request: Special requests are forwarded to the hotel and cannot be guaranteed.

Non Smoking or Smoking Single (1 bed/1 person) Double (1 bed/2 people)

Double/Double (2 beds/2 people) Triple (2 beds/3 people) Quad (2 beds/4 people)

Sharing with: _____

Special Needs Comments: _____

PAYMENT INFORMATION

NOTE: The hotels require a deposit equal to one night's room and tax to hold accommodations. Your credit card will be charged when reservation is made. Deposits are non-refundable if accommodations are cancelled after February 8, 2019. Forms received without a form of payment will not be processed. To take advantage of special SATELLITE hotel rates, be sure to book your reservations no later than **April 11, 2019**. Hotel requests received after this date will be processed based on availability and rate. We cannot guarantee discounted rates after this date.

Payment: American Express Visa Master Card Discover

Card Number: _____ Name on card: _____
(as it appears on card, please print)

Signature: _____ Expiration Date: _____ Conf. Code: _____

Return form by Mail: SATELLITE Housing Bureau
 6100 W. Plano Pkwy
 Suite 3500
 Plano, TX 75093

Return form by Fax: (972) 349-7715
 Return form by Email: satellite@mcievents.com
 SATELLITEE Housing phone: 866-268-0195