



"YOUR CONVENTION CONNECTION,
IT'S WHAT WE DO"

AUTHORIZED CARDHOLDER:

AUTHORIZED BILLING ADDRESS:

PERSONAL OR COPORATE:

CARD TYPE: _____

CARD NUMBER: _____

EXPIRATION DATE: _____

SECURITY CODE: _____

EMAIL: _____

Vegas hotel
address

ROOM NAME	ROOM TYPE	BED TYPE	SMOKING/ NONSMOK ING	COST PER NIGHT BEFORE TAX	CHECK-IN -DATE	CHECK-O UT-DATE	TOTAL NIGHTS

Customer rewards

Ssss

Sss

Sss

54755

SSS

TERMS AND CONDITIONS:

I AGREE TO ALL OF THE ABOVE CHARGES.I WILL NOTIFY TRADESHOW CONNECTIONS OF ANY AND ALL CHANGES INCLUDING BUT NOT LIMITED TO ADD ONS, ROOM REDUCTIONS, CANCELLATIONS AND CHARGEBACKS. ROOM NAMES SHOULD BE PROVIDED AT TIME OF BOOKING IF POSSIBLE. CLIENTS HAVE 72 HOURS PRIOR TO CHECK IN TO MAKE ANY CHANGES. CLIENT RESERVES THE RIGHT TO CANCEL ENTIRE BOOKING PRIOR TO 7 DAYS BEFORE THE FIRST CHECK IN DATE AND RECEIVE A FULL REFUND WHICH WILL BE CREDITED TO THE ABOVE CREDIT CARD WITH IN 72 HOURS OF CANCELLATION. ADDITIONAL HOTEL SERVICES SUCH AS RESORT FEES AND PARKING FEES MUST BE PAID DIRECTLY TO THE HOTEL. TRADESHOW CONNECTIONS IS NOT RESPONSIBLE FOR THESE FEES AND HAVE NO CONTROL OVER THEIR IMPLEMENTATION. I HAVE READ AND AGREE TO THE ABOVE TERMS AND CONDITIONS. .

SIGNATURE _____

DATE: _____