



GUEST RESERVATION REQUEST

TO:	Reservations Department	FROM:	
FAX:	303-442-3821	PAGES	
PHONE:	800-545-6285	DATE:	
RE:	RESERVATION REQUEST	CC:	

GROUP NAME:	Colorado Photonics Industry Association		
GUEST NAME:			
ADDRESS:			
PHONE NUMBER:			
ARRIVAL DATE:			
DEPARTURE DATE:			
ROOM TYPE PREFERENCE:			
CREDIT CARD NUMBER:	** MUST CALL HOTEL DIRECTLY AT 303 443 3850 - DO NOT PROVIDE ON THIS FORM **		
EXPIRATION DATE:		CREDIT CARD TYPE:	

All reservations must be guaranteed for arrival with a valid credit card or one night's room and tax deposit received no later than five (5) business days after reservation is made. The cancellation policy for this group is 24-hours prior to the day of arrival. To avoid cancellation fee equal to one night's room and tax, you must cancel your reservation by 11:59PM on the day prior of arrival.

Room type preferences may be requested but are **not** guaranteed. We will do our best to honor guest requests, but they are based upon availability at time of check-in.

Check in time is 3:00pm and check out time is 12:00pm. Guests must present a valid photo ID at check in. We accept cash, check and major credit cards. For your protection, we do not accept debit cards at the front desk. There is an ATM conveniently located in our lobby.

For Reservations Department Use Only:		
Confirmation Number: _____	Agent: _____	Date: _____