



PURCHASER to supply (4) non-smoking rooms for ARTIST

Arriving:

Departing:

Please complete and make a copy.

Retain a copy for your records; return one with contact.

Name of Hotel/Motel/Condo:

Street Address:

City:

Zip: *(For use with GPS navigation unit)*

Phone:

Fax:

Continental Breakfast Served: Yes No

Check Out Time:

Nearby Restaurants & Coffee Shops You Recommend:

Directions: *attach a map or printed directions if available*