



TRAVEL REQUEST FORM

Requested By: _____ Date: _____

Company: _____

CBS ACCOUNT #: _____

OFFICE # : _____

FAX # : _____

CELL # : _____

EMAIL ADDRESS: _____

Reservation Name: _____

| Date | Property Choices | # of Nights | Smoking or Non | # of Rooms | # of Beds per | # of Adults | # of Children | Ages of Children | Special Requests |
|------------|------------------|-------------|----------------|------------|---------------|-------------|---------------|------------------|------------------|
| Check in: | 1st Choice: | | | | | | | | |
| Check out: | | | | | | | | | |
| Check in: | 2nd Choice: | | | | | | | | |
| Check out: | | | | | | | | | |
| Check in: | 3rd Choice: | | | | | | | | |
| Check out: | | | | | | | | | |

| Credit Card Number | Expiration Date | Card Type | Billing Address | City, State | Zip Code |
|--------------------|-----------------|-----------|-----------------|-------------|----------|
| | | | | | |

Reminder:

- Travel arrangements are non-changeable and non-cancellable
- Black-out periods may apply—all reservations are subject to availability
- Reservations made by the client direct with the hotel will be considered a cash reservation.

I have read and understand the CBS Travel Guide Rules and Regulations and agree to abide under these terms and conditions. Yes _____ No _____

Signature: _____