

GROUP RESERVATION FORM

ARIZONA BILTMORE RESORT AND SPA

Reservations must be received by the Arizona Biltmore by September 1, 2008



October 19-22, 2008

COMPANY NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

CONTACT PERSON TO RECEIVE CONFIRMATION OF THESE ARRANGEMENTS

NAME _____ PHONE _____ FAX _____

E-MAIL _____

First and last night's deposit plus tax must accompany your room reservation. Deposit is fully refundable up to 7 days prior to arrival date.

Mail this form with deposit to:

Ms. Ruth Roberts, Conference Accountant
Arizona Biltmore Resort and Spa
2400 East Missouri
Phoenix, AZ 85016
Phone: (602) 381-7601
Fax: (602) 954-2588

GUEST ROOM ACCOMMODATIONS

STANDARD ROOMS ARE \$279 PER NIGHT PLUS APPLICABLE TAXES AND FEES. SINGLE/DOUBLE OCCUPANCY: KING OR TWO DOUBLE BEDS. HOTEL CHECK IN TIME IS 4 PM AND CHECK OUT TIME IS 12 PM.

NAME _____

GUEST NAME _____

ARRIVAL DATE _____ DEPARTURE DATE _____

SMOKING NON-SMOKING KING BED TWO DOUBLE BEDS

ACCOMMODATIONS WITH DISABLED-ACCESS

NAME _____

GUEST NAME _____

ARRIVAL DATE _____ DEPARTURE DATE _____

SMOKING NON-SMOKING KING BED TWO DOUBLE BEDS

ACCOMMODATIONS WITH DISABLED-ACCESS

NAME _____

GUEST NAME _____

ARRIVAL DATE _____ DEPARTURE DATE _____

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