

### FiltXPO 2022 ATTENDEE HOTEL ROOM REQUEST FORM

Please type or print all information in black ink. Please provide a completed form for each attendee reservation. Thank you.

Last Name, First Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

**For Reservation Purposes this credit card will be used to hold your room:**

Credit Card Type  AMEX  DC  DISC  MC  VISA

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Card Holder Name \_\_\_\_\_

**HOTEL**

List your hotel choices, in order of preferences:

1<sup>st</sup> choice: \_\_\_\_\_

4<sup>th</sup> choice: \_\_\_\_\_

2<sup>nd</sup> choice: \_\_\_\_\_

5<sup>th</sup> choice: \_\_\_\_\_

3<sup>rd</sup> choice: \_\_\_\_\_

6<sup>th</sup> choice: \_\_\_\_\_

Arrival Date (MM/DD/YYYY)

Departure Date (MM/DD/YYYY)

Handicap Accessible? \_\_\_\_\_

If So Describe Needed Accessibility \_\_\_\_\_

**ACKNOWLEDGEMENT OF HOTEL REQUESTS**

Once D. VanEvery & Associates receives your hotel request, an acknowledgment will be sent to you in 5-10 business days. Please provide the email address you would like to receive the acknowledgment.

Email (please print): \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Mail or E-mail Completed Form to:**

D. VanEvery & Associates  
1919 Hwy 35 North, PBM 213  
Rockport, TX 78382

Telephone: +1 (361) 790-7000 / Fax: +1 (361)288-7803

Email: [debra@dvanevery.com](mailto:debra@dvanevery.com)