



SPEAKER/MODERATOR HOTEL ROOM RESERVATION FORM

2012 Unified Wine & Grape Symposium
Sacramento Convention Center
Sacramento, California
January 24 - 26, 2012

Speaker/Moderator Name: _____

Company/Employer: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

- No**, I do not need a hotel room.
 Yes, I do need a hotel room based on the following information.

HOTEL RESERVATION - SHERATON GRAND, SACRAMENTO

Arrival Day/Date/Time: _____

Departure Day/Date/Time: _____

Room Preferences: Number of persons: _____ Number of beds: _____
 ADA Room (Special Needs) Smoking Non-smoking

All reservations must be guaranteed. You may guarantee your reservations by providing the following credit card information.

Card Type: AMEX Diner's Club Discover MasterCard VISA

Card No.: _____ Exp. Date: _____ Security Code: _____

Name As It Appears On Card: _____

Cardholder Billing Address: _____

City: _____ State/Region: _____ Zip Code: _____ Country: _____

Authorized Signature X: _____

Note: Your hotel reservation confirmation will be sent directly to you from our housing contractor.

Return this form by November 4, 2011 via email (scanned copy) or fax

Unified Wine & Grape Symposium
c/o AMI (speaker coordinator)
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or (650) 416-2499, outside the U.S.
Email:
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