

SILVERADO
ROOM RESERVATION REQUEST FORM
IEEE CTW 2009
May 10 -13, 2009

PLEASE PRINT OR TYPE:

NAME _____ PHONE# _____

FAX # _____ E-MAIL ADDRESS _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

ARRIVAL DATE _____ DEPARTURE DATE _____

Early arrivals or late departures will be honored on an availability basis at the group rate, three days prior and three days post.

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DESIRED ACCOMMODATIONS:

Resort Guestroom \$160.00

Room types listed are available on a first come basis, based on the group block. We are unable to guarantee requests for bed types and area locations; however, we will make every effort to honor your request.

Indicate number in each of the following:

() Number of beds needed in room () Total number of guests

I will be sharing with:

NAME _____ PHONE # _____

ADDRESS (If different from above) _____

CITY _____ STATE _____ ZIP _____

First night's deposit plus 12% room tax and a \$20.00 Resort Fee, in the form of check or charge to a major credit card must be accompanied by this form to assure reservation. Cancellations received within 7 days of arrival will result in forfeiture of this deposit. Departures prior to the date confirmed at check-in will be subject to a \$50.00 early departure charge.

Check one:

() If payment is by check, please mail this form with your check to the address below. () Please charge to my credit card as indicated below.

Card Type & # _____ Expiration Date _____ Signature _____

Guaranteed check-in time is 4:00 PM. Early check-in is welcome if rooms are available. Check-out time is 12:00 Noon.

RETURN NO LATER THAN **April 20, 2009** TO ENSURE YOUR RESERVATION. ANY RESERVATION RECEIVED AFTER THAT DATE OR WHEN THE GROUP BLOCK IS FILLED WILL BE ACCOMMODATED ON A SPACE AVAILABLE BASIS AT SILVERADO'S PUBLISHED RACK RATES. A CONFIRMATION WILL BE MAILED TO YOU. RESERVATIONS MUST BE MADE BY MAIL OR FAX.

FAX OR MAIL TO: SILVERADO RESORT, ATTENTION: ROOM RESERVATIONS

1600 Atlas Peak Road, Napa, CA 94558

Reservations Phone (800) 532-0500, Fax (707) 257-5425