



ReserFax

TRAVEL LEADERS®

**RESERVATION REQUEST FORM**

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

Phone: \_\_\_\_\_

Company: \_\_\_\_\_

Fax: \_\_\_\_\_

Travel Arranger: \_\_\_\_\_

Email: \_\_\_\_\_

**TRAVELERS NAME**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**AIRLINE RESERVATION**

<u>Date of Departure</u>	<u>Return Date</u>	<u>From City</u>	<u>To City</u>	<u>Departure Time</u>	<u>Preferred Airline</u>

**CAR and HOTEL RESERVATIONS**

Car Needed? Yes [ ] No [ ] Car Size: \_\_\_\_\_ Other: \_\_\_\_\_

Hotel Needed? Yes [ ] No [ ] Hotel Location: \_\_\_\_\_

Specific Property: \_\_\_\_\_ Other: \_\_\_\_\_

Please fax to: 509.327.9647