

* WinTRF Estimating and Time & Material Training Hotel Room Registration

Fax

To:**From:****Company:****Pages:****Re:****Date:****Phone:****Fax:**

Attendees	
First Name	Last Name

Number of Rooms Requested: _____

Payment Method: - MasterCard - Visa - American Express - Discover

Card Number: _____ Expiration Date: _____

Name on Card: _____

Credit Card Billing Address _____

Credit Card Billing City, State and Zip _____

Credit Card Billing Phone Number _____

Authorized Signature _____

Charge Payment in Full _____ or Deposit Only _____

Note: If Deposit Only Balance will be charged at the completion of the class.**Room Reservation Information**
All Rooms are NON-SMOKING

Number of people per room _____

 - King - 2- Double Beds.

Check-In Date _____

Check-Out Date _____

Hotel InformationHyatt Place Las Vegas
4520 Paradise Road
Las Vegas, Nevada 89109
Tel: (702) 369-3366Room Fee Includes Breakfast Buffet
Class will be held On Thursday, November 10th and
Friday, November 11th from 9:00AM to 4:00PM