DENVENTION TWO

HOUSING REQUEST FORM

Name	-	-	_
Address: Street			
Apartment numberCity			
State, Zip Code(or province, country, mail code, et	c.)	-	
Date of check-in Time of	Time of arrival (at hotel)		
Date of check-outNumber	of night	s	
Please list your hotel and rate preference Hotel has five different rates per room ty than once at different rates. If none of able, you will be assigned a room at the n	pe and m your req ext avai	ay be l uests a lable r	isted more re avail- ate.
Hotel	Rate	people	Room type
2			
3			
4			
5			

Place Stamp Here

Denver & Colorado Convention & Visitors Bureau Housing Department 225 West Colfax Avenue Denver, CO 80202