



FEDERATION OF
EXCHANGE
ACCOMMODATORS



**FEA MID-YEAR CONFERENCE
RESERVATION REQUEST FORM
Thursday, May 11, 2006 – Friday, May 12, 2006**

RESERVATION CUT-OFF DATE: APRIL 11, 2006

Last Name _____ First Name _____
 Company _____ Address _____
 City, State, Zip _____ Phone _____ Fax _____
 Email _____

Please indicate arrival and departure pattern:

For arrival on: DAY: _____ DATE: _____

Departure on: DAY: _____ DATE: _____

Number of people in room: _____

Name(s) of person(s) sharing accommodations: _____

Type of Room (request only, not guaranteed): _____ Single _____ Double _____ Smoking _____ Non-Smoking

Special requests: _____ Handicap Access _____

FEA Room Rate:
\$219 Single (plus 14% tax)
\$239 Double (plus 14% tax)
\$20.00 each additional person (plus 14% tax)

***Any rooms cancelled less than 48 hours prior to arrival will be assessed a one night's room charge.**

Hotel Check-In: 4:00 p.m. – Check-Out: 12:00 p.m.

Credit card guarantee: _____ American Express _____ Visa _____ Diners Club _____ MasterCard

Cardholder's Name: _____

Credit Card number: _____ Expiration Date: _____

***A one night deposit by check or money order is required to reserve your room if not guaranteed with a credit card.**

Mail or fax this page with your deposit directly to:

Philadelphia Marriott Downtown
 1201 Market Street
 Philadelphia, PA 19107
 Phone for Reservations: 1-800-320-5744
 Fax for Reservations: 215-625-6101

Reservation Deadline: April 11, 2006
Reserve early as the rooms may fill prior to the deadline date. Reservations received after deadline will be accepted on a rate and space availability basis.

Signature: _____ Company: _____

PLEASE USE ONE FORM PER ROOM REQUEST!
Please make additional copies as needed.