ACCOMMODATIONS INFORMATION

THIS COMPLETED FORM MUST BE SUBMITTED IN THE SHOW OFFICE
WHEN PICKING UP YOUR EXHIBITOR PACKET!

Total Number of Rooms Booked at:	# of Nights	# of Rooms	Name of Person Paying for Lodging
Home2 Suites by Hilton 1145 University Drive			
Towneplace Suites University Medical Center 3450 W. Vickery Blvd.			
Courtyard Fort Worth University Drive 3150 Riverfront Dr.			
Fort Worth Fairfield Inn & Suites 1505 South University Dr.			
Springhill Suites Marriott 3250 Lovell Ave.			
Holiday Inn Express & Suites 1111 W Lancaster Ave.			
Residence Inn FW Cultural Dist. 2500 Museum Way			
Other (please specify hotel name/address)			
Hotel _____		Address _____	
Other (please specify hotel name/address)			
Hotel _____		Address _____	
Other (please specify hotel name/address)			
Hotel _____		Address _____	
RV onsite (please see reservation forms)			

❑ **Live locally**

The Fort Worth CVB provides a financial incentive package to the ApHC to hold the show in Fort Worth. In order to sustain their financial support, ApHC must certify the number of hotel room nights used in Fort Worth during the show.

Show attendees must provide lodging accommodations information in order to pick up your exhibitor packet.

In addition, please encourage all those in attendance at the show, whether exhibiting or not, to provide information on lodging accommodations to assist ApHC in this process and to ensure ongoing financial support from the City of Fort Worth.

HOTEL GUESTS ARE ASSOCIATED WITH THE FOLLOWING HORSES:

Back #_____ Horse Name _____ Reg #_____

Back #_____ Horse Name _____ Reg #_____

Back #_____ Horse Name _____ Reg #_____

Back #_____ Horse Name _____ Reg #_____

Back #_____ Horse Name _____ Reg #_____

Back #_____ Horse Name _____ Reg #_____

Back #_____ Horse Name _____ Reg #_____

Back #_____ Horse Name _____ Reg #_____

Back #_____ Horse Name _____ Reg #_____

Back #_____ Horse Name _____ Reg #_____