ACCOMMODATIONS INFORMATION

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

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Total Number of Rooms Booked at:	# -£ N!!-ba-	# - f D	Name of Barray Barray for Ladeina	TI 5 . W . I 6VP I
* Towneplace Sites 3450 W Vickery Blvd	# of Nights	# of Rooms	Name of Person Paying for Lodging	The Fort Worth CVB provides a financial incentive package to the ApHC to hold the show in Fort
* Fairfield Inn & Suites 1505 S University Drive				Worth. In order to sustain their finan- cial support, ApHC must certify the number of hotel room nights used in
* Home2 Suites 1145 University Drive				Fort Worth during the show. Show attendees must provide
* Residence Inn 2500 Museum Way				lodging accommodations informa- tion in order to pick up your ex- hibitor packet.
* Courtyard 3150 Riverfront Drive				In addition, please encourage all those in attendance at the show, whether exhibiting or not, to provide
RV onsite Live Locally				information on lodging accommoda-
Other (please specify hotel name/address) Hotel				tions to assist ApHC in this process and to ensure ongoing financial sup- port from the City of Fort Worth.
Other (please specify hotel name/address) Hotel				
Other (please specify hotel name/address)				
Hotel				
Other (please specify hotel name/address) Hotel				
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(please see reservation forms)				
J	HOTEL GUEST	S ARE ASSOCIAT	ED WITH THE FOLLOWING HORS	ES:
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 #
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Back #	Horse Name			Reg #