



1867 Bond Street
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HOTEL RESERVATION FORM

Please fax your completed reservation form to: 1(705) 495-3099

Name of Guest: _____

Company Name: _____

Phone Number: _____

Fax Number: _____

Preferred Hotel: _____

(Days Inn, Super 8, Hampton Inn, Best Western, Holiday Inn)

Arrival Date: _____

Departure Date: _____

Type of Room: Single Double

Special Request: _____

Payment:

Type of Card	Credit Card Number	Expiration Date
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Please note: All hotels require a credit card to guarantee a reservation. If you arrive after 4:00 PM and you are not guaranteed for late arrival, you risk losing your reservation.

Pick-up requires at the airport: _____

Flight Number & Time of arrival: _____