

Reservation Form

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Name:					_ 0	OFFICIAL USE ONLY	
Company Name:							
Address:					Please complete the following:		
City:State:_		ate:	:Zip:			Today's Date:	
Tel:Fax:				_ Tradeshow:			
E-mail: Total Attendees:							
	Attendee Name	Check In	Check Out	Smoker Y/N	Hotel	Share With	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
CHECK VISA MASTERCARD DISCOVER AMEX							
Credit Card Number:			Exp.	Date:	Customer Code:		
Name as it appears on the card:							
Billing Address:							