

SHERIFFS' ASSOCIATION OF TEXAS

CONFERENCE HOUSING FORM

132ND ANNUAL TRAINING CONFERENCE
JULY 25-28, 2010
FORT WORTH, TEXAS



Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Day Phone: _____ Evening Phone: _____

Fax: _____ E-Mail: _____

Arrival Date: _____ Departure Date: _____

Room Information: (Please check one) (*room type request will be based on availability*)

_____ 1 King Bed _____ 2 Double Beds _____ Special Needs

Room Rate: \$159.00 (*Tax added to room rates*).

Credit Card Information:

Credit Card: _____ Exp. Date: _____

Type Card: _____ MC _____ Visa _____ Discover _____ Diners Club _____ American Express

Signature: _____

Mailing Address of Credit Card Holder, if different from above:

Today's Date: _____

Cancellation Notice: *If room is canceled within 72 hours of arrival date, credit card **WILL BE** charged the reserved room rate.*

Please mail or fax completed form directly to:

Reservations Department
Omni Fort Worth Hotel
1300 Houston St, Fort Worth, TX 76102
Phone Number: 817-535-6664
Fax Number: 817-886-4547

Reservation Deadline: July 2, 2010