

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 Rates: (Please check one) (*Tax added to room rates*)

___ Single Occupancy/Double Occupancy - \$159.00 ___ Triple Occupancy - \$169.00 ___ Quadruple Occupancy - \$179.00

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
Sheraton Fort Worth Hotel & Spa
1701 Commerce St, Fort Worth, TX 76102
Phone Number: 817-335-7000
Fax Number: 817-335-3333

Reservation Deadline: July 2, 2010