

*To reserve rooms by mail or fax, please complete and return this form. Rooms are reserved on a first-come, first-served basis.
To assure accuracy, please complete each part of the form by printing or typing all information.
Photocopy as needed to reserve additional rooms.*

1. To Make Reservations



Online: <http://www.wynjade.com/iwf10/association>

Login: IWF

Password: WPMA



Fax: 972-349-7715



Mail: IWF Housing & Travel
P.O. Box 678192
Dallas, TX 75267-8192

2. Hotel Selection

Association members will be accommodated in the following hotel. Please complete and return this form immediately since hotel reservations are on a first-come, first-served basis.

Atlanta Hilton - Rate: \$137 single or double

Marriott Marquis - Rate: \$138 single or double

Type of room:

Single (one person / one bed)

Double (two people / one bed)

Double/Double (two people / two double beds)

Suite (Please call 888-843-7808 in the U.S. or fax to +972-349-7715 (for all suite requests.)

Please check here if you need a room specially designed for the disabled, or need assistance from the hotel.

Please specify your type of need: _____

For questions, call 888-843-7808 (U.S.) or 972-349-5823 (International).

3. Guest Information

Arrival date _____ Departure date _____

Name _____ Share with _____

Company Name _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Phone _____ Fax _____ E-mail _____

4. Reservation Deposit

All hotels require one night's deposit/guarantee for each room reserved (equal to the cost of one night's stay plus 15% tax). Payment must accompany this form. Cancellation policies for the particular hotel you have reservations at will be indicated on your reservation confirmation. Reservations will not be processed until payment is received.

Please indicate payment type:

Check Must be in U.S. dollars drawn on a U.S. bank and payable to IWF 2010 / Wyndham Jade.

If you are paying with a check and would like to guarantee your rooms as soon as possible, you can fax a copy of this completed form with complete credit card information (below) to temporarily guarantee your reservations until your check is received through the mail.

Credit Card

Please note: Your deposit (an amount equal to one night's stay plus 15% tax per room) will be charged to this credit card on July 2, 2010.

Charge to: Visa MasterCard American Express

Card Number _____ Exp. Date _____

Cardholder Name _____

Signature _____

All acknowledgements will be sent to the guest name and address indicated above.

Please retain a copy of this form for your records. Photocopy for additional rooms.

Questions? Call 888-843-7808 (U.S.) or +972-349-5823 (International)