



1. To Make Reservations

Online: <http://www.wynjade.com/iwf12/association>
Login: IWF
Password: WMMA

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.

Westin Peachtree Plaza - 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 16% 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 2012 / 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 16% tax per room) will be charged to this credit card on June 29, 2012

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)