

HOTEL RESERVATION INFORMATION SHEET

DATE _____ DEPARTMENT _____

NAME _____

DESTINATION _____

HOTEL & PHONE# _____

CONFERENCE TITLE _____

DATE OF CHECK IN _____

DATE OF CHECK OUT _____

CELL PHONE _____

EMAIL _____

ACCOUNT NUMBER TO PAY FOR HOTEL: _____

AIRRFARE: _____

ANY QUESTIONS PLEASE CALL MICHELLE ARMELL 402-878-2272-2215 OR
michelle.armell@winnebagotribe.com

NOTE: THE EMPLOYEE WILL BE RESPONSIBLE FOR ANY CHARGES TO THE CREDIT CARD FOR LATE
CANCELATION OR NO SHOW.