



## SPEAKER/MODERATOR HOTEL ROOM RESERVATION FORM

2010 Unified Wine & Grape Symposium  
Sacramento Convention Center  
Sacramento, California  
January 26-29, 2010

Speaker/Moderator Name: \_\_\_\_\_

Company/Employer: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

- No**, I do not need a hotel room.  
 **Yes**, I do need a hotel room based on the following information.

### HOTEL RESERVATION - SHERATON GRAND, SACRAMENTO

Arrival Day/Date/Time: \_\_\_\_\_

Departure Day/Date/Time: \_\_\_\_\_

Room Preferences:    Number of persons: \_\_\_\_\_    Number of beds: \_\_\_\_\_  
 ADA Room (Special Needs)     Smoking     Non-smoking

All reservations must be guaranteed. You may guarantee your reservations by providing the following credit card information.

Card Type:     AMEX     MasterCard     Discover     VISA     Diner's Club

Card No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVC Code: \_\_\_\_\_

Name As It Appears On Card: \_\_\_\_\_

Cardholder Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Region: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Authorized Signature X: \_\_\_\_\_

*Note: Your hotel reservation confirmation will be sent directly to you from our housing contractor.*

**Return this form by November 6, 2009**

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c/o AMI (speaker coordinator)  
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South San Francisco, CA 94080  
Fax: (888) 463-9278, in the U.S.  
or (650) 416-2499, outside the U.S.