

Rooms for this meeting are reserved in the hotels shown below. Each reservation must be accompanied by a deposit equal to the first night's lodging per room and must be received by us no later than **5:00 PM, Friday, September 3, 2010** in order to secure reservations. Any unused rooms reserved for this meeting will be opened for sale to regular visitors after that date. When requesting reservations, please note arrival and departure dates carefully. Late arrival or early departure causes forfeiture of deposit, unless cancellation or changes are made seventy-two hours in advance. Every effort will be made to accommodate early arrivals; however, since checkout time is 11:00AM at all our hotels, rooms may not be available until mid or late afternoon.

HOTEL RESERVATION REQUEST FORM

Group Reservations ▪ Colonial Williamsburg Company ▪ P.O. Box 1776 ▪ Williamsburg, VA 23187-1776
CALL: (757) 229-1000 ext. 3971 ▪ (800) 261-9530 or FAX: (757) 220-7729

Name of Group: **Virginia Petroleum, Convenience and Grocery Association**
Group Code: **3378** Passkey/Online Reservations Code: <https://resweb.passkey.com/go/3378>

CONFERENCE DATES: **Sunday, September 26, 2010 - Tuesday, September 28, 2010**

Williamsburg Lodge:

Requested Quantity _____ Deluxe.....Single/Double Occupancy.....**\$212.00**
Requested Quantity _____ Superior.....Single/Double Occupancy.....**\$173.00**

Williamsburg Inn:

Requested Quantity _____ Main Building.....Single/Double Occupancy.....**\$381.00**
Requested Quantity _____ Providence Hall Guesthouses...Single/Double Occupancy..**\$291.00**

* All rooms are subject to 10% State and Local Tax and \$2.00 per room per night occupancy tax.

ADA Accessible

Special Requests: _____

PLEASE PRINT

NAME: _____

ADDRESS: _____




CITY: _____ STATE/PROVINCE: _____ ZIP: _____ COUNTRY: _____

PHONE: (____) _____ FAX: (____) _____ E-Mail: _____
(REQUESTED to send confirmation)

ARRIVAL DATE: _____ DEPARTURE DATE: _____

Check-in after 4:00 pm

Check-out by 11:00am

Credit Card:    Check Enclosed \$ _____

(make check payable to Colonial Williamsburg Company)

NAME OF CARDHOLDER: _____ (PLEASE PRINT)

CREDIT CARD #: _____ EXPIRES _____ / _____

SIGNATURE: _____

PLEASE NOTE: Deposit must be guaranteed by credit card and will be charged at the time the reservation request is made. Reservation changes to arrival or departure dates may be made up to (3) days prior to the date of arrival without charge to individual. Should a change in reservation, including early departure, occur after the cancellation deadline, the individual will be charged for 1 night's room rate and taxes (if applicable). Date Mailed: _____