

Stanley Hotel Reservation Form – FOPS Conference

333 Wonderview Avenue ~ PO Box 1767 – Estes Park, Colorado 80517

PH (800) 976-1377 – FAX (970) 586-4964

Personal Information

Name (First, Last): _____

Address: _____

Email Address: _____

Room Information

Arrival Date: _____ Number of Nights: _____

Individual Room: \$129.00/night plus 7.7% Tax (1 or 2 bed occupancy)

Number of Adults: _____ Number of Children: _____

Shared Room: \$64.50/night per person plus 7.7% Tax (shared double occupancy with 2 beds)

Name of Person Sharing Room: _____

Billing Information

Credit Card Type (Circle One): American Express Discover Diner's Club

Master Card Visa

Credit Card Number: _____ Expiration: _____

Cardholder's Name: _____

Billing Address (if different from above): Check if same as above

Signature: _____ Date: _____

Please Fax to: (970) 586-4964

Attention: Ms Ashli Hutchinson

Reservations Manager