



FAX

To: Sheraton Hotel Reservations **Fax:** 650.327.5864
From: _____ **Fax:** _____
Re: Reservation Request **Date:** _____

SHERATON PALO ALTO HOTEL

Reservation for:

Last Name _____ First Name _____
University Affiliation _____
Billing Address _____
City _____ State (Province) _____
Zip Code _____ Country _____
Phone _____ Fax _____
Email _____

Dates and Preferences:

Arrival Date: _____ Departure Date: _____
Guests Per Room: _____ No. of Rooms: _____
Room Type: ☐ King Bed (\$199) ☐ Double Beds (\$199)
☐ Additional rollaway bed (no charge)?
☐ Smoking ☐ Non-Smoking

Credit Card Information (to hold room):

Type: ☐ Visa ☐ MasterCard ☐ AMEX ☐ Other _____
Card No. _____ Exp. Date _____
Cardholder's Name _____
Please confirm my reservation by: ☐ Fax ☐ Email