NAME OF CONFERENCE/	MEETING			
CONTACT PERSON				
CONTACT ADDRESS	STAT			
CITY	STATE TELEPHONE			
ZIP CODE	TELEPHONE			
FAX				
Internet Connectivity	\$250.00 Per Day			
The Hotel will provide access	to a Cox Communications high sp			
	a minimum of 500 kb of ups			
	onnective 'hubs_ for rent on a pe			
	imber of ports needed. Please note			
connection with a hub will resu	alt in some degradation of service s	peed.		
Start Date:				
Ending Date:				
Booth Name or Number:				
	Charges:			
number of day	s x \$250.00 per day = \$	x 23%		
(service charge x 8 375% ((sales tax) = \$			
(service enuige ir e.s / e / e (Ψ			
	Credit Card:			
Name on Card:				
Type of Credit Card:				
Credit Card Number:				
Expiration Date:				
Signature:				
				
	Payment by Check:			
	,			

Return Form to:

If you are paying by check make payment to: Renaissance Oklahoma City

Whitney McGuire, CSM Renaissance Oklahoma City 10 N. Broadway Oklahoma City, OK 73102

Fax: 405-228-8079