

Posted By:



"SIMPLY THE BEST PLACE IN THE WORLD TO BUY FLORIST SUPPLIES."®

RESERVATION REQUEST FORM

(One form per person attending)

Please complete non-shaded sections *REQUIRED FIELDS*

FM Arrival Date
PGCo Internal Use

Customer Information

Company Name:*		Guest First Name:*	
Address 1:*		Guest Last Name:*	
Address 2:		Guest Mobile Phone Number:*	
City:*		Co. Phone Number:	
State:*	Zip:*	Co. Fax Number:	
Company/Guest Email:*			

Sponsor Information

Retail Co. Name:			Sponsor #:		
Address 1:			Address 2:		
City:	State:	Zip:	Phone Number:		

Actual FloraMart Attendance / Lunch Schedule

Arrival Date & Time:*	Departure Date & Time:*	Dates Lunch Requested:*
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Travel Information

	Arrival Date & Time	Airline & Flight Number	Departure Date & Time	Airline & Flight Number	Pickup Instructions:
Air					
Car					
MARTA/Other					

Hotel Information

Rooms guaranteed for late arrival by FloraMart. In the event you are unable to attend, please cancel with hotel & FloraMart immediately.

	Arrival Date	Departure Date	Guests per Room	Single /Double/King	Room Shared With
Crowne Plaza					
Hampton Inn					
Hilton ATL NE					
Marriott ATL NE					
Special Requests:	Smoking (Y/N)	Honors #	Other:		

IF Guests Making Own Reservations
Hotel Name & Location:

Request For Pickup/Return and Confirmed PGCo Assignment

Airport Pickup	*Airport Return*	*Hotel Pickup*	*Hotel Return*	*Marta Pickup*	*Marta Return*

FOR PGCo. Staff ONLY

Pete Garcia Company Information

Account Number:	Registration #:	Registered By:	Registration Date:
Working with Customer		Account Classification (choose one)	
PGCo. Staff:	Factory:	Wholesale	Manufacturer
		Grower	Other

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(One form per person attending)

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