



**2009 International Sport and Cultural Festival
Fort Worth, Texas – June 22 – June 29, 2009
Booking Form Packet Cover Page**

Federation: _____	Country Code: _____
Contact Name: _____	Email: _____
Telefax: _____	

Please review all attached booking forms.

- ❖ **Hotel Booking Form** – Host Hotel Park Central Hotel and the Sheraton Hotel and Spa. Please review and complete Hotel Booking Form if your delegation intends to stay at one of the two host hotels.
Deadline for returning Housing Form – Feb 02nd
Rooms are limited so space is based on availability according to when your housing forms are received by National Travel Systems and when payment is made.
- ❖ **Delegation Rooming List Form** – Please review and complete.
Deadline for returning Rooming List – April 20th
- ❖ **Delegation Travel Information Form** – Arrival / Departure Information. Please review and complete.
Deadline for returning Travel Information – April 20th
- ❖ **Side Tours** – Please review all side tours that will be offered during June 23 – June 29.
Deadline for returning Side Tours Form – April 20th
Tours are limited so space is based on availability according to when your housing forms are received by National Travel Systems and when payment is made.

PAYMENT TIMELINE:

- ❖ **Deposit** - 50% of housing cost is due on Feb 02nd
- ❖ **Final Payment** – Remaining 50% of housing cost + 100% of Airport Transfers + 100% of Side Tours – due between April 20th and May 05th.

Total # in Delegation:	_____
Total Housing Cost:	\$ _____
Total Airport Transportation Cost:	\$ _____
Total Side Tours Cost:	\$ _____
TOTAL AMOUNT DUE:	\$ _____
50% HOUSING DUE (Feb 02 nd):	\$ _____
Final Payment (April 20 th - May 05 th):	\$ _____

Bank Information for Federations to Wire Payment: All Payments Made to National Travel Systems

Bank Name: City Bank	ABA Number: 111301737
Account Name: National Travel Systems	Account Number: 30245194
Bank Address: 5211 Brownfield Highway; Lubbock, Texas 79408 USA	Bank Telephone:
001.806.792.7101/Bank Telefax: 001.806.791.5331	

Credit Card Information - Select One: ___ Visa ___ MasterCard ___ Discover ___ American Express
 Credit Card Number _____ Expiration Date (mm / dd / yr) _____
 Name as stated on Credit Card _____ Amt to be charged \$ _____

Please complete and include this form by April 20th. If you have any questions concerning any of the booking forms please contact National Travel Systems.