## NAME(S) TO BE RESERVED FOR EACH ROOM:

<b>DEPARTURE LOCATION:</b> Morgantown Uniontown	Fairmont	KingwoodBruceton MillsCumberland/LaVale
SEAT PREFERENCE (cannot be guaranteed):	Front	MiddleRear
WILL YOU BE USING A COMP ROOM:	Yes	No (If yes, do not answer the following 3 questions)
<b>ROOM SMOKING PREFERENCE:</b>	Smoking	Non-Smoking
BED PREFERENCE:	2 Doubles	1 King-sized
<b>ROOM RESERVATION SET-UP</b> : Double	occ Trip	le occ Quad occ Single occ
Do you wish to be seated and roomed next to others NOT listed on your own room reservation (those listed on each room's reservation will be automatically seated next to each other)? Yes No If yes, please list those names here:		
	•••	nce or room assignment (eg: handicapped room, mobility front, room close to the elevator, room on a lower floor,
If yes, please state the request here:		
Do you have any discounts and/or gift certificat	tes to use for thi	s tour?YesNo
If yes, please list your discount and/or gift certificate amount here (this will be confirmed by Toni Burbridge):		

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