

# Atlanta Coachworks, Inc.

(OFFICE) 404-207-7902

EMAIL: [sales@atlcoachworks.com](mailto:sales@atlcoachworks.com)

## February 1st thru 4<sup>th</sup> 2018

COALITION FOR COLLEGIATE WOMEN'S LEADERSHIP CONFERENCE

ATLANTA, GA.

### Atlanta Airport Arrival Information

College /University/Organization: \_\_\_\_\_

Office Contact: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Coordinator traveling with the Group: \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Number of People: \_\_\_\_\_ Cost Per Person: \$25.00 (One Way Trip) / \$45.00 (Round Trip)

( \$0.00 Charge - Per : Darald Stubbs )  Speaker  Exhibitor  VIP Guest  Staff

Arrival (Date): 02 / \_\_\_\_ / 2018 Arrival: Wed - Thurs - Fri Arrival Time: \_\_:\_\_ AM/PM

Airline: \_\_\_\_\_ Flight Number: \_\_\_\_\_ Departure City: \_\_\_\_\_

DESTINATION: Renaissance Waverly Hotel = 2450 Galleria Pkwy S.E. Atl., Ga. 30339 (770) 953-4500

\* Please contact our office@ (404) 207-7902 upon arriving in Atlanta

\* Greeters will meet you in Baggage Claim ( Please remain inside the Airport Terminal )

### HOTEL DEPARTURE INFORMATION

Departure (Date): 02 / \_\_\_\_ / 2018 Departure (Day): Sat / Sun

HOTEL: Renaissance Waverly Hotel Number of People: \_\_\_\_\_

Outbound Airline: \_\_\_\_\_ Flight NO#: \_\_\_\_\_ Flt. Departure Time: \_\_:\_\_ AM/PM

Requested (Departure Time): \_\_:\_\_ AM/PM

Recommended (Departure Time) \_\_\_\_\_:\_\_\_\_\_ (OFFICIAL USE ONLY)

**HOTEL DEPARTURES WILL BE AVAILABLE ON SUNDAY ON AN HOURLY BASIS  
STARTING AT 5:00 AM**

The C.C.W.L. Airport shuttle schedule will be posted by 12 noon on  
Saturday 2-03-18 (near the ballroom entrance)

PLEASE FAX COMPLETED RESERVATION SHEET & CREDIT CARD AUTHORIZATION FORM  
TO (404) 420-2972 ON OR BEFORE (WEDNESDAY, JANUARY 31, 2018)

\*ALL CHECKS should be mailed to: **852 South Central Ave, Hapeville, Ga 30354**  
**and made payable to: Atlanta Coachworks, Inc.**



# Atlanta Coachworks, Inc.

## CREDIT CARD AUTHORIZATION FORM

I, _____ authorize Atlanta Coachworks, Inc. to charge		
\$ _____ deposit to my credit card: (enter card number and expiration date below)		
<input type="checkbox"/> American Express	Card No.#	Exp. Date:
<input type="checkbox"/> Visa	Card No.#	Exp. Date:
<input type="checkbox"/> MasterCard	Card No.#	Exp. Date:
For Service(s) Rendered on: (day) <b>Wed - Thur - Fri - Sun</b> (Date) / / <b>2018</b>		
Cardholder Signature:		
Driver's License #		
D.O.B:		
STATE:		
CVV No# (Three digit no#) located on the back of the card		
<b>Current address of card holder - listed with credit card company:</b>		
Phone: ( ) -		