

Atlanta Coachworks, Inc.

(OFFICE) 404-207-7902

EMAIL: sales@atlcoachworks.com

February 21st thru 24th 2019

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: Alison Keller) Speaker Exhibitor VIP Guest Staff

Arrival (Date): 02 / _____ / 2019 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 / _____ / 2019 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 2-23-19 (near the ballroom entrance)

PLEASE FAX COMPLETED RESERVATION SHEET & CREDIT CARD AUTHORIZATION FORM
TO (404) 420-2972 ON OR BEFORE (WEDNESDAY, FEBRUARY 20, 2019)

***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) Wed - Thur - Fri - Sun (Date) / / 2019		
Cardholder Signature:		
Driver's License #		
D.O.B:		
STATE:		
CVV No#: (Three digit no#) located on the back of the card		
Current address of card holder - listed with credit card company:		
Phone: () -		

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