
INDEPENDANT ASSOCIATION OF QUESTIONED DOCUMENT EXAMINERS INC

HOTEL RESERVATION FORM
DAYS INN MONTREAL DOWNTOWN HOTEL
215 RENE LEVESQUE EAST
MONTREAL, QUEBEC, CANADA
800-668-3872

PLEASE RESERVE A ROOM FOR:

NAME: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP CODE _____

TEL _____ FAX _____ EMAIL _____

I WILL BE SHARING THE ROOM WITH:

NAME: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP CODE _____

TEL _____ FAX _____ EMAIL _____

ROOM RATES ARE \$119.00 (1 OR 2) PLUS TAX

RESERVE ROOM/S FROM _____

Please charge my ___ Visa ___ Mastercard ___ American Express or other _____

Credit Card Number _____ ex date _____

Id# _____ (on back)

Note: (any special needs) _____