



HOTEL TRACKING FORM

Organization Name: _____
Main Program Contact: _____
Phone: _____ Email: _____
Website: _____
Address: _____
City: _____ State: _____ Zip: _____
Date of Event: _____

HOTEL INFORMATION

Property Name: _____ No. of Paid Room Nights: _____
Name of contact at property who provided information: _____
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Name of contact at property who provided information: _____
Property Name: _____ No. of Paid Room Nights: _____
Name of contact at property who provided information: _____
Total number of paid hotel room nights generated by event: _____