HOTEL FORM
(One form per person)

(Select one):

_________ Business Plan Student Team Member

Sharing Rooms: All students must share rooms. Two students per room. If any team wants to stay three students in one room, we can arrange that. Please indicate below, which two students will be sharing room together.

Names of Students:

First Room:
1. ________________________________ Gender: _____ : 2.______________________________ Gender: _____

Second Room:
1. ________________________________ Gender: _____ 2.______________________________ Gender: _____

Third Room:
1. ________________________________ Gender: _____ 2.______________________________ Gender: _____

_________ Faculty Advisor to the Team

_________ Additional HBCU/MI Student

_________ Additional HBCU/MI Faculty

_________ HBCU/MI Dean

_________ HBCU/MI President/Chancellor

_________ Small Business/Individual

_________ Institutional/Corporate/Government

Date of Check-In:_________________ Date of Check Out: ______________________

Name:________________________________ Gender: __________________________

Title:_________________________ Organization:______________________________

Cell Telephone:___________________________ E-mail:________________________

Name of Office Assistant:_________________________ Cell #:________________________