



**BIL Form A  
- Guest Information -**

Event Info		Customer Info	
Group Name:		# of Guests	Organizer/Host Name:
Company Address:		Postal Code	Phone Number: <span style="float: right;">Mobile Office</span>
Event Type		E-mail:	
Check-in Date	Time	On-site Contact:	
Check-out Date	Time	Phone Number:	

**Billing Summary**  
(\*section for BIL\*)

Guest Room				
Room Type	Qty.	Price/Room	# of Nights	Total Price
Dbl. Occ. Twin/King Room (Garden View)	___/10			
Dbl. Occ. Twin/King Room (Ocean View)	___/8			
Triple Occ. Queen/Twin	___/2			
Quad Occ. 2 Queens	___/2			
Junior Suite Queen	1			
Cove Suite Queen	1			
Notes:			<b>Sub Total</b>	
Meeting Space				
Cove Suite as Meeting Room	1			
Board Room	1			
Bowen Room	1			
Notes:			<b>Sub Total</b>	
			<b>Grand Total</b>	