



**RESERVATION FORM FOR ASSOCIATES OF  
GED INTEGRATED SOLUTIONS, INC.**

Guests First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Choice Privileges # \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Credit Card Information:**

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

**Room Type:**

- Standard King \$89
- Double Double \$89

2716 CREEKSIDE DRIVE

TWINSBURG, OHIO 44087

PHONE 330.963.5909

FAX 330.963.5929

For reservations worldwide: 800.4CHOICE [choicehotels.com](http://choicehotels.com)