CROWNE PLAZA®
BATON ROUGE
THE PLACE TO MEET.

Rooming List Form

Name of Conference: _____
Contact Name: _____
Phone Number: _____
Fax Number: _____

******All Reservations must be guaranteed******
******48 hour cancellation policy******
Check-In 4 PM & Check-Out 11AM

Guest Name	Arrival Date	Departure Date	King Bed	2- Double Beds	Smoking or Non-smoking	Credit Number & Expiration	Confirmation Number

4728 Constitution Ave Baton Rouge LA 70808 Telephone: (225) 925-2244 Fax: (225) 930- 0136