

COMPLETE THIS FORM AND SEND:

EMAIL
RESERVATIONS@THEMOSSER.COM

FAX
415.495.7653

DATE _____

CLIENT NAME _____

CONTACT PERSON _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

PHONE _____

EMAIL _____

ROOM TYPES

MOSSER TWIN
SHARED BATHROOM QUEEN
DELUXE DOUBLE
DELUXE TWIN
DELUXE QUEEN
EXECUTIVE QUEEN SUITE

CHECK IN DATE _____

CHECK OUT DATE _____

ROOM TYPE _____

RATE _____

NUMBER OF ROOMS _____

WHAT IS YOUR BUDGET? _____

WHAT IS YOUR TIMELINE? _____

ARE YOU THE DECISION MAKER? IF NOT, WHO IS? _____

ARE YOU FAMILIAR WITH THIS PROPERTY / CITY? _____

HOW OFTEN DO YOU TRAVEL TO SAN FRANCISCO? _____