



# Discounted Housing Reservation Form

## Making Your Housing Reservation

Please fax completed forms to the Housing Connection at (801) 355-0250.

Each reservation will require its own form. Additional forms can be downloaded at [www.nahc.org/meetings/am/09](http://www.nahc.org/meetings/am/09).

For questions call (877) 505-0682 or email [thc@housingregistration.com](mailto:thc@housingregistration.com). For International calls dial (801) 505-4620.

### Cancellation Policy:

Attendees, who would like to take advantage of the meeting's negotiated discounted hotel rates, will have to adhere to the following policies:

- 1) All reservations will require a deposit of the first room night plus 14%-15% tax for each reservation. Room deposits will be accepted in the form of a valid credit card guarantee;
- 2) Unregistered attendees will have 30 days from the date a room is reserved to register to attend the meeting. Hotel reservations may be cancelled and removed from the NAHC hotel block if the meeting registration is not completed in this time period;
- 3) Discounted room rates will be accepted through September 10, 2009 or until the NAHC room block has been filled. Reservations made after this time, will be accepted on a "space available" basis only and may not be at the discounted conference rate;
- 4) Those who do not arrive at the hotel on the date indicated, will be considered a "no-show" and the hotel may cancel the reservation in its entirety – cancellation charges will be applied.
- 5) Cancellations received after September 10, 2009 will result in a \$95.00 non-refundable penalty. Failure to cancel a reservation after September 18, 2009 but prior to 72 hours before arrival will result in \$125.00 non-refundable penalty. Cancellations within 72 hours of arrival will forfeit of a one-night's deposit.

### Confirmations

The Housing Connection will email a reservation confirmation of your reservation. Please review all information for accuracy. If you do not receive a confirmation or have questions, please call The Housing Connection. You will not receive a confirmation from the hotel.

The Housing Deadline is Sept. 10, 2009. After this date, room rates and availability are not guaranteed.

**Each reservation requires its own form. Send housing acknowledgement to (please print or type):**

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

Organization: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

(your acknowledgement will be emailed to you)

### Hotel Preferences:

Rooms are assigned on a first-come, first-serve basis. If your first hotel choice is not available, you will be assigned to the next available hotel in preference order. Please keep in mind that all NAHC attendees will be making their reservations through The Housing Connection and you are strongly encouraged to make your reservations early; rooms are limited at each hotel.

If requested hotel is unavailable, a reservation will be made at the next available hotel in your preference order.

**Please number choices in order of preference:** (#1 is first, #2 is second)

#	Hotel	Single/Double Rates Plus Sales Tax	Rewards or Hotel Points #
	Westin Bonaventure Hotel & Suites - Headquarter Hotel	\$195 / \$210	
	Sheraton Los Angeles Downtown	\$195 / \$215	
	Wilshire Grand Hotel	\$189 / \$219 junior suite	
	Holiday Inn Los Angeles City Center	\$180 / \$180	

Note: additional charges may apply for more than 2 guests.

### Please complete the following information:

Arrival Day/Date: \_\_\_\_\_ Departure Day/Date: \_\_\_\_\_

List all room occupants (first and last names):

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Check here if you have a disability requiring special services       Non smoking request

Special requests: \_\_\_\_\_

King bed       Two double beds       Junior Suite (Wilshire Grand Hotel)

All reservation requests must be accompanied by a credit card guarantee for one night's deposit. Housing forms received without a valid guarantee/deposit will not be processed.

Visa       MasterCard       Amex       Discover

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

\* I hereby authorize any one of the conference hotels to process a charge to my credit card for each room deposit in accordance with the policies and information provided herein no sooner than September 10, 2009.