



A: CONFERENCE LODGING

CONFERENCE NAME: _____ **CONFERENCE NUMBER:** _____

ARRIVAL DATE: _____ **TIME (MEETING ROOM ACCESS)*:** _____

DEPARTURE DATE: _____ **TIME (MEETING ROOM CLOSURES)*:** _____

FIRST MEAL*: BREAKFAST LUNCH DINNER **LAST MEAL*:** BREAKFAST LUNCH DINNER

RATE PLAN—CHECK ONE: **AMERICAN PLAN*** **COMPLETE MEETING PLAN***

* See Rate Card for hours and meals included in our Rate Plans

ROOM TYPE	# OF ROOMS	# OF PERSONS IN EACH ROOM	TOTAL # OF PERSONS	COMMENTS
Rooms with 1 Queen Bed (6 max.) (1 or 2 persons)				
Rooms with 2 Twin Beds (14 max.) (1 or 2 persons)				
Rooms with 3 Twin Beds (14 max.) (1 - 3 persons)				
Rooms with 1 Queen & 1 Twin Bed (1 max.) (1 - 3 persons)				
Deluxe Room with 1 Queen Bed (1 max.) (1 or 2 persons)				
Deluxe Room with 1 King Bed (1 max.) (1 or 2 persons)				
Deluxe Room with 2 Queen Beds (2 max.) (1 - 4 persons)				
Deluxe Room with 2 Queens & 1 Twin Bed (1 max.) (1 - 5 persons)				
TOTALS:				

In the "COMMENTS" column please indicate any ADA or other access requirements, and additional children. All rooms are Non-Smoking. Sleeping bags are not allowed.

SIGNATURE: AUTHORIZED REPRESENTATIVE OF SPONSOR ORGANIZATION _____ **DATE** _____

TYPE/PRINT NAME: _____