

SLA Official Housing Request Form

Please check one:

Attendee Exhibitor



Special Libraries Association

Complete this form and send to:

BY MAIL:

Mail this form to,
Ambassadors Performance
Housing (APH)
51 Water Street
Watertown, MA USA 02472

BY FAX:

Use this form for faxing
1-617-926-6081
24 hours a day -
7 days a week

BY PHONE:

North America
1-800-370-8282
9am - 8pm EST
Monday - Friday

BY WEB:

www.sla.org

DEADLINE FOR RESERVATIONS:

May 7, 1999

RESERVATIONS PROCESSED ON A
FIRST COME—FIRST SERVE BASIS

- DO NOT mail and fax this form, as it may result in a duplicate reservation. • If more than one room is required, this form may be photocopied.
- Acknowledgments will be sent by mail or FAX (if number is entered below). If a confirmation is not received within 7-10 business days, please contact the housing bureau.

ARRIVAL:

Date _____

DEPARTURE:

Date _____

TYPE OF ACCOMMODATIONS: (Please Check Required Room Type)

- SINGLE DOUBLE DOUBLE/DOUBLE TRIPLE QUAD SUITE (Circle One)
1 Person - 1 Bed 2 People - 1 Bed 2 People - 2 Bed s 3 People - 2 Dbl. Beds 4 People - 2 Dbl. Beds 1 or 2 Bedroom
No. of people _____

HOTEL PREFERENCE:

Reservations assigned in order received. An alternate hotel will be assigned if choices are unavailable.

- Preference Rate Preference Location No Preference Rate or Location

1st _____ 2nd _____

3rd _____ 4th _____

Special Needs: _____

OCCUPANTS: (Name all Occupants)

Name: _____ Name: _____

Name: _____ Name: _____

ROOM RESERVATIONS GUARANTEE:

All reservations must be guaranteed. You may guarantee your reservations by providing the following credit card information or by mailing a check with form (U.S. currency payable to "Ambassadors Performance Housing"). Non-guaranteed reservations will not be processed.

Name as it appears on card: _____

Card Type _____ Card No. _____ Exp Date _____

Authorized Signature X _____

CONTACT NAME & ADDRESS:

First Name _____ M.I. _____ Last Name _____

Company Name _____

Street Address or P.O. Box Number _____

City _____ State _____ US Zip Code _____

Country _____ International FAX Number (include country and city codes) _____

Daytime Phone Number _____ FAX Number _____

e-mail address _____

Hotel/Housing Reservation Requests Must be Received by MAY 7, 1999!