

# SLA Official Housing Request Form

## HOUSING APPLICATION FORM

SLA Official Housing Request Form  
Indianapolis, IN, USA



Special Libraries Association  
June 6-11, 1998

### Complete this form and send to:

#### BY MAIL:

Mail this form to,  
Rogal America  
51 Water Street  
Watertown, MA USA 02172

#### 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

### DEADLINE FOR RESERVATIONS:

**May 7, 1998**

RESERVATIONS PROCESSED ON A  
FIRST COME—FIRST SERVED BASIS

#### PLEASE CHECK:

- Attendee  
 Exhibitor

- **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).

#### 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 Beds      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

1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_  
3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_

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 Rogal America). 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 INFORMATION

**Hotel/Housing Reservation Requests Must be Received by MAY 7, 1998!**