

SLA Official Housing Request Form

June 5-10, 2004 · Nashville, TN, USA

DEADLINE FOR RESERVATIONS:

May 7, 2004

RESERVATIONS PROCESSED ON A
FIRST-COME—FIRST-SERVED BASIS

Please check one:

Attendee **Exhibitor**

Complete this form and send to:

By mail:

Mail this form to
Ambassadors Services
Group, Inc.
240 Peachtree Street
Suite 22-S-10
Atlanta, GA USA 30303

By fax:

Use this form for faxing
1-404-584-0685
24 hours a day
7 days a week

By phone:

North America
1-800-370-8282
9am - 8pm EST, M-F
1-404-584-7458
9am - 5:30pm EST, M-F

By web:

<http://www.sla.org/nashville2004>

- **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 e-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:	Departure:
Date _____	Date _____

Type of Accommodations: (Please Check Required Room Type)

<input type="checkbox"/> SINGLE 1 Person - 1 Bed	<input type="checkbox"/> DOUBLE 2 People - 1 Bed	<input type="checkbox"/> DOUBLE/DOUBLE 2 People - 2 Beds	<input type="checkbox"/> TRIPLE 3 People - 2 Dbl. Beds	<input type="checkbox"/> QUAD 4 People - 2 Dbl. Beds	<input type="checkbox"/> SUITE (Circle One) 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 Services Group, Inc.") Your selected hotel may require an advance deposit by credit card or check. Non-guaranteed reservations will not be processed.

Name as it appears on card: _____

Card Type _____ Card No. _____ Expiration Date _____

Authorized Signature X _____

Contact Name & Address:

First Name _____ M.I. _____ Last Name _____
Company Name _____
Street Address or P.O. Box Number _____
City _____ State or Province _____ ZIP Code or Postal 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, 2004