



# HOTEL REQUEST FORM

DEADLINE : NOVEMBER 16, 2018

## HOTEL SELECTION

Please list your top three hotel selections. If your choices are not available, we reserve the right to choose a hotel for you based on availability.

1. \_\_\_\_\_  
Rewards Number \_\_\_\_\_

2. \_\_\_\_\_  
Rewards Number \_\_\_\_\_

3. \_\_\_\_\_  
Rewards Number \_\_\_\_\_

Check here if you need an ADA accessible room and may require assistance from hotel in event of an emergency.

## ROOM INFORMATION

Please supply names of all persons to occupy room(s) and type of room. If more than 2 rooms are required, please copy this form. **IMPORTANT NOTE!** For groups of 10 or more you must fill out the Domestic Group Housing Request Form found at [www.sabcs.org](http://www.sabcs.org).

### Room #1:

Single     Double-1 Bed     Double-2 Beds  
 Triple     Quad

### Room #2:

Single     Double-1 Bed     Double-2 Beds  
 Triple     Quad

Arrival Date (mm/dd/yy) : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Departure (mm/dd/yy) : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## DEPOSIT INFORMATION

### Payment Guarantee

No charges are incurred at the time of booking, however a payment guarantee is required to hold your reservation in the amount of two night's stay at the confirmed hotel plus current tax of 16.75%, subject to change. The hotel will charge deposit up to 30 days prior to arrival to the credit card provided. Please refer to your confirmation for details, which may vary per hotel.

### GUARANTEE WITH CREDIT CARD

AMEX     Visa     MasterCard     Discover

Credit Card Number \_\_\_\_\_

Exp Date (MM/YY) \_\_\_\_\_ Security Code (CSC) \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Signature \_\_\_\_\_

### GUARANTEE WITH CHECK

Company checks are accepted to reserve rooms but must accompany this form and be received no later than **October 29, 2018**. Two nights room rate plus tax (currently 16.75%, subject to change) will be required to guarantee the reservation. Make checks payable to **SABCS® Housing**.

## 4 EASY WAYS TO MAKE A HOTEL RESERVATION

- 1. Online:** [www.sabcs.org/hotel](http://www.sabcs.org/hotel)
  - 2. Mail:** 2018 SABCS® Housing  
Attn: Orchid Events  
175 South West Temple, Suite 30  
Salt Lake City, UT 84101 USA
  - 3. Fax:** 801-355-0250
  - 4. Phone:** 1-888-503-5890 or 1-801-214-7281
- Please note: Incomplete forms cannot be processed

### CONFIRMATION - Must be filled out

You should expect to receive a confirmation within 3-5 business days if faxing this form to Orchid Events. If you do not, contact Orchid Events. Send confirmation to: (Please print clearly)

\_\_\_\_\_ Email

\_\_\_\_\_ Contact Name

\_\_\_\_\_ Company Name

\_\_\_\_\_ Address 1

\_\_\_\_\_ City                      State                      Zip                      Country

\_\_\_\_\_ Telephone Number                      Fax Number

For best availability and immediate confirmation, make your reservation via the symposium website at [www.sabcs.org](http://www.sabcs.org). Faxed housing requests will take 3-5 business days to process

