



# 2021 San Antonio Breast Cancer Symposium

December 7-10, 2021

Henry B. Gonzalez Convention Center · San Antonio, TX

## DOMESTIC HOTEL ROOM BLOCK REQUEST FORM

*REQUEST FOR 10 OR MORE ROOMS*



### CONTACT INFORMATION

**DEADLINE: OCTOBER 15, 2021**

Company/Group:			
Contact First Name:		Last Name:	
Address:			
City:	State:	Zip:	Country:
Phone:	Fax:		
Email (required to receive confirmation):			
<input type="checkbox"/> <i>In accordance with GDPR (General Data Protection Regulation) by checking this box you are consenting to our use of the information you are providing us solely for the purpose of making hotel room reservations.</i>			

**Agent of Record:** Housing requests from Tour Groups or Travel Agencies must include an Agent of Record Letter on the client's letterhead, signed and dated by the client.

*Agent of Record Letter is included with this form.*

*Agent of Record Letter is not required.*

**Resale:** Confirmed rooms may not be re-sold to other clients, third parties or sub-contractors. Companies who do so will be permanently banned from participation in SABCS, and all authorized SABCS vendors and hotels will be notified of the same. Re-sold rooms are subject to cancellation and no refund will be issued.

### HOTEL SELECTION

*Please review hotels and indicate your hotel choices in order of preference. Refer to separate listing of Official Hotels & Map for hotel list and locations.*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

*If all three (3) choices are unavailable, please process this request based on (check one)*

Comparable Room Rate

Proximity to the Convention Center

Below, please indicate the number of rooms (by bed type) you require each night. Your night by night room block (pattern) that you select will affect your hotel placement, therefore, be accurate and conservative. Each contracted hotel has different peak night room block caps. For information regarding these caps, please refer to the separate housing block guidelines document. Room block requests will be reviewed and based on previous years (2019 SABCS) final room night pickup.

Room Type	Sun, Dec 5	Mon, Dec 6	Tue, Dec 7	Wed, Dec 8	Thu, Dec 9	Fri, Dec 10	Sat, Dec 11
One Bed:							
Two Beds:							
<b>TOTAL ROOMS</b>							

## PAYMENTS (check one):

\_\_\_\_\_ Payments will be made to hotel by credit card.

\_\_\_\_\_ Payments will be made to Orchid.Events by check.

## TERMS & DEADLINES

Once your block is confirmed, you will receive a Room Block Confirmation Letter via email with instructions for submitting your rooming list.

- **Within 7 business days of receiving Room Block Confirmation Letter** - method of payment must be provided
  - Either by establishing a master account for direct billing with the hotel OR by utilizing a credit card authorization form with the hotel.
- **Within 30 days of receiving Room Block Confirmation Letter** – deposit of two night's room & tax, per room is due
  - Paid by check to Orchid Events (address below) OR by credit card to confirmed hotel.
- **September 15, 2021** – number of rooms confirmed at specified hotel(s). After this date the deposit of two night's room & tax for each room reservation, at the specified hotel(s), is non-refundable and non-changeable.
- **October 15, 2021** – full payment for the entire stay (total room nights) for each room reservation is due and is non-refundable after this date. Any additional room nights confirmed on or after this date will also immediately become non-refundable.
- **October 25, 2021** – a complete rooming list with names for each room reservation must be submitted. Any rooms not reserved will be released. Duplicate names are not permitted.
- **Through November 15, 2021** – name changes of occupants can be made through SABCS housing provided link.
- **On or after November 20, 2021** – name changes must be made with your confirmed hotel directly.

## AGREEMENT

On behalf of the group, please sign to indicate you are in agreement with the above outlined terms and deadlines related to reserving a room block.

Name of Company/Group: \_\_\_\_\_

Name of Authorized Representative: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## TWO WAYS TO SUBMIT YOUR COMPLETED HOTEL ROOM BLOCK REQUEST FORM:

### EMAIL

[help@orchid.events](mailto:help@orchid.events)

### MAIL\*

Orchid.Events  
175 S. West Temple, Suite 30 | Salt Lake City, UT 84101

*\*Check Payments: All checks should be sent to the above address.*

## FOR ANY QUESTIONS, PLEASE CONTACT ORCHID EVENTS:

Customer service representatives are available 7:00 a.m. to 6:00 p.m. Mountain Standard Time, Monday through Friday

[help@orchid.events](mailto:help@orchid.events)

Toll-free (US): 1-888-503-5890

International: +1-801-214-7281