

MARCH 1998
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**HOTEL RESERVATION FORM
 MIDWESTERN SECTION
 ADSA/ASAS ANNUAL MEETING
 March 16-18, 1998**

<u>Hotel Headquarters</u>	<u>Single</u>	<u>Double</u>	<u>Triple</u>	<u>Dbl/DbI</u>
Savery	\$ 73	\$ 78	\$ 78	\$ 78
Kirkwood	\$ 65	\$ 65	\$ 68	\$ 68
Hotel Ft. Des Moines (Student Headquarter Hotel)	\$ 65	\$ 70	\$ 75	\$ 80
Embassy Suites	\$104	\$114	\$124	\$134
Marriott	\$ 92	\$ 92	\$ 92	\$ 92

Housing Instructions:

- ⊗ Reservation forms must be received by **February 13, 1998** to guarantee accommodations. Complete all information requested.
- ⊗ Reservations are made in the order received by the Greater Des Moines CVB/ADSA/ASAS Housing Bureau. **First come, first served.** 7 percent room tax and 5 percent sales tax will be added to all hotel/motel rates.
- ⊗ **List four (4)** hotel choices, so if the facility of your first choice is filled, the second choice will be contacted, etc.
- ⊗ **No telephone requests will be accepted.**
- ⊗ All reservations must be made using this housing form. Make copies as needed. If you are sharing, send only one form with the names of persons who are sharing. If arrival/departure dates differ, include this information.
- ⊗ If you guarantee a room with a credit card, you have the option to mail or FAX this form. **Please do not do both.**
- ⊗ You will receive a confirmation directly from the hotel. **Do not call individual hotels for reservations.**
- ⊗ Room rates are determined by the number of persons in a room.
- ⊗ **All rooms must be guaranteed. You may guarantee your room with a credit card by completing the information below or by sending one night's deposit directly to the hotel within 15 days of receiving your hotel confirmation.**

Please print or type. Send confirmation to:

Name: _____ Day phone: _____

Address: _____ Evening phone: _____

City: _____ State: _____ Zip: _____ Fax: _____

Hotel preferences: 1) _____ 2) _____ 3) _____ 4) _____

If your choice accommodations are not available, which would you prefer? _____ similar price _____ same location

Arrival date: _____ Time: _____ Departure Date: _____

Guaranteed arrival by using credit card: _____ Card Number: _____

(name of credit card)

Expiration date: _____ Name of cardholder: _____

Accommodations (check one)

Occupants (list all names):

_____ Single (1 person, 1 double bed) 1) _____ 5) _____

_____ Double (2 persons, 1 double bed) 2) _____ 6) _____

_____ Triple (2 persons, 2 double beds) 3) _____ 7) _____

_____ Dbl/DbI (3-4 persons, 2 double beds) 4) _____ 8) _____

(Bracket those sharing same room)

Total Number of rooms: _____

Preferences/special needs _____ Prefer non-smoking room

**Please return form to ADSA/ASAS Housing Bureau
 Two Ruan Center * 601 Locust, Ste. 222 * Des Moines, IA 50309
 Fax (515) 284-5427**