

ADC Housing Form

Annual Dialysis Conference • March 7-9, 2010 • Seattle, Washington

INSTRUCTIONS

The deadline date for new reservations is February 4, 2010.

For best availability and immediate confirmation, make your reservation via internet.

INTERNET: Visit the 30th Annual Dialysis Conference web site at som.missouri.edu/dialysis

PHONE: Call the Seattle Housing Bureau at (888) 877-0255 or (206) 461-5881.

FAX: Only fully completed forms will be accepted at the Seattle Housing Bureau at (206) 461-5853.
Use one form per room, make copies as needed.

MAIL: Only fully completed forms will be accepted at the Seattle Housing Bureau, 701 Pike Street, Suite 800, Seattle, WA 98101.

ACKNOWLEDGEMENTS

The Seattle Housing Bureau will send you an acknowledgement of your reservation. Please review all information for accuracy. If you do not receive your acknowledgement within 10 to 14 days or have questions regarding your reservation, please contact the Seattle Housing Bureau by phone at (888) 877-0255 or by email at hotelres@visitseattle.org.

You will not receive a confirmation from the hotel.

ROOM RATES/TAXES

To take advantage of the special Seattle rates, please book your reservation by February 4, 2010. After that date, the Seattle room blocks will be released and rooms may only be available at higher rates.

All rates are per room and are subject to 15.6% tax, (subject to change).

Special requests can not be guaranteed, however hotels will do their best to honor all requests. Hotels will assign specific room types upon check-in, based on availability.

DEPOSITS

All reservations must be guaranteed with a credit card or check. Credit cards will not be charged a deposit. Checks are only accepted with mailed forms in the amount of \$250 deposit made out to Seattle Housing Bureau and sent to the address listed above.

CHANGES/CANCELLATIONS

Reservations may be changed or cancelled via the web site or through the Seattle Housing Bureau until February 18, 2010. Cancellations received after the form cutoff date, February 4, 2010, will be assessed a \$25.00 processing fee. Do not contact the hotels directly until after February 18, 2010.

HOTEL RESERVATION FORM

FOR BEST AVAILABILITY, MAKE YOUR RESERVATION VIA INTERNET (som.missouri.edu/dialysis)

Arrival Date _____ Departure Date _____

FirstName _____ M.I. _____ LastName _____

E-mail Address: _____

Daytime Phone: _____ Fax: _____

If providing international numbers, please include country and city access numbers

Company _____

Address _____

Address 2 _____

City/State/Province _____

Zip/Postal Code, Country _____

HOTEL SELECTION

Please list four choices in order of preference.

First _____ Second _____

Third _____ Fourth _____

If all requested hotels are unavailable, a reservation will be made at the next available hotel. Please indicate criteria for choices:

___ Comparable room rate _____ Proximity to conference site

of occupants _____ # of beds requested _____

To request a suite, please contact the Housing Manager at 206-461-5894

List all room occupants:

___ Check here if you have a disability requiring special services _____ Non smoking room request

Special requests: _____

DEPOSIT INFORMATION

All reservations requests must be guaranteed. Credit cards will not be charged prior to the arrival date. Hotel Reservation Forms received without a valid credit card will not be processed. Please be advised that the credit card must be valid through the dates of the convention or your reservation will not be processed. Checks are only accepted with mailed Hotel Reservation Forms, in the amount of \$250 deposit and made out to the Seattle Housing Bureau.

___ American Express ___ Discover ___ Diner's Club ___ MasterCard ___ Visa

Card Number _____ Exp. Date _____

Name on Credit Card _____

Cardholder's Signature* _____

* Necessary to process reservation