

**GENERAL INFORMATION**

Reservations can be made by choosing one of the following methods:

**INTERNET:** Book on-line at <http://adsa.asas.org/meetings/2008/housing.asp>. **This is the quickest and most effective method.**

**FAX:** Send completed form to 1-317-684-2492.

**PHONE:** Call 1-317-684-2573, Monday-Friday, 8:30 a.m.-5 p.m. EST.

**MAIL:** Send completed form to ADSA-ASAS Housing Bureau, P.O. Box 7248, Indianapolis, IN 46207-7248.

**All reservation requests will be made through the Housing Bureau. DEADLINE: Wednesday, June 4, 2008.**

**ACKNOWLEDGEMENTS:** Acknowledgements will be sent after each reservation booking, modification and/or cancellation via e-mail (if provided), or fax or mail. Review acknowledgements carefully for accuracy. If you do not receive an acknowledgement within 14 days after any transaction, please call the Housing Bureau. **You will not receive a written confirmation from the hotel.**

**DEPOSIT:** A one-night (plus 15% tax) advance deposit is required for each room requested. Checks will be deposited 7 days prior to arrival date. Credit card processing will be held until checkout.

**MODIFICATIONS/CANCELLATIONS:** Please review carefully. A \$50 cancellation fee will be charged for reservations cancelled after Wednesday, June 4, 2008. Reservations cancelled after Monday, June 30, 2008 or no shows will be charged by the hotel for one night room and tax.

**MULTIPLE ROOMS:** For reservations of 5 or more rooms, rooming lists are due by Monday, June 2, 2008.

**HOTEL INFORMATION**

Type of room: 1 bed/1 person (1B/1P) \_\_\_\_\_ 1 bed/2 people (1B/2P) \_\_\_\_\_ 2 beds/2 people (2B/2P) \_\_\_\_\_  
 2 beds/3 people (2B/3P) \_\_\_\_\_ 2 beds/4 people (2B/4P) \_\_\_\_\_ Rollaway \_\_\_\_\_

Number of Rooms: \_\_\_\_\_ Arrival: \_\_\_\_\_ Departure: \_\_\_\_\_ Number of Nights: \_\_\_\_\_

Hotel requested:		<u>1B/1P</u>	<u>1B/2P</u>	<u>2B/2P</u>	<u>2B/3P</u>	<u>2B/4P</u>
Indianapolis Marriott (ASAS HQ)	_____	\$ 159	\$ 159	\$ 159	\$ 159	\$ 159
Westin Indianapolis (ADSA HQ)	_____	\$ 146	\$ 146	\$ 146	\$ 174	\$ 194
Hampton Inn Downtown (Student HQ)	_____	\$ 139	\$ 139	\$ 139	\$ 139	\$ 139
Omni Severin	_____	\$ 149	\$ 149	\$ 149	\$ 169	\$ 189
Crowne Plaza	_____	\$ 144	\$ 144	\$ 144	\$ 144	\$ 144

Requests will be processed on a first-come, first-served basis. If all your choices are unavailable, you will be placed in the next available choice that meets your requirements.

Special requests: ☐ Smoking ☐ Non-Smoking ☐ Handicapped ☐ Other \_\_\_\_\_ Requests are not guaranteed.

**GUEST INFORMATION**

First Name: \_\_\_\_\_ Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

E-Mail Address : \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

International prefix and area code, if necessary: \_\_\_\_\_

Contact Name for Groups: \_\_\_\_\_

Additional Guests in Room: 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**PAYMENT INFORMATION**

Credit Cards: ☐ Visa ☐ Mastercard ☐ American Express ☐ Discover ☐ Other \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_ Signature: \_\_\_\_\_

By signing I authorize my credit card to be charged in compliance with the above referenced cancellation policies should I cancel my reservation.

Checks: Check Number: \_\_\_\_\_ Amount: \_\_\_\_\_

Make checks payable to ADSA-ASAS Housing Bureau • P.O. Box 7248 • Indianapolis, IN 46207-7248

*Only one form per request; only one form of payment per registration.*