## JSM 2015 HOUSING RESERVATIONS INSTRUCTIONS AND FORM

August 8-13, 2015 • Seattle, WA

Reservations must be made through the Seattle Housing Bureau online or by phone, fax, or mail by **July 15** to guarantee convention rates. *Do not send forms to the ASA office or contact hotels directly*. Submit forms to 701 Pike Street, Suite 800, Seattle, WA 98101 or <a href="https://hotelseartle.org">hotelres@visitseattle.org</a>. Call (888) 877-0255 or fax forms to (206) 461-5855.

**DEPOSIT:** All reservation requests must be accompanied by a credit card guarantee. Housing forms received without valid and complete credit card information will not be processed.

ACKNOWLEDGEMENT: Acknowledgements will be emailed after your reservation has been made. You will not receive a confirmation from your hotel. Please contact the Seattle Housing Bureau at (888) 877-0255 if you do not receive your acknowledgement within 24 hours. Reservations are assigned on a first-come, first-served basis and according to room availability.

**ONLY ONE ROOM** may be requested on each form. You may photocopy the form if you need additional rooms. Requests for a block of rooms may be made using this form with a separate page attached. You must indicate clearly the number of rooms requested. Please provide complete and accurate contact information for all guests.

CHANGES: Changes and cancellations may be made until July 15 by telephone at (888) 877-0255 (Monday–Friday, 8:30 a.m. to 5:00 p.m. PDT) or email at <a href="https://hoteleas.org">hoteleas.org</a>. Always indicate you are attending JSM and have your acknowledgement number ready. From July 16–22, reservation information will be transferred to the hotels. All changes, cancellations, and new reservations can continue to be referred to the Seattle Housing Bureau during this time. Beginning on July 22, all changes must be made directly with the hotel.

**CANCELLATIONS:** Failure to cancel your reservation more than 72 hours in advance of your scheduled arrival or failure to arrive on your scheduled date will result in the hotel charging the credit card on file for one night's room and tax. Some hotels charge a penalty for checking out earlier than scheduled. To avoid this, please verify your departure date upon arrival.

To ensure your request is handled efficiently, please PRINT or TYPE all information on the form or a reasonable facsimile. You can expect delays due to heavy volume during the week of the deadline.

ARRIVAL DATE DEPARTURE DATE	TYPE OF ACCOMMODATIONS REQUESTED
Cuart Nama	☐ Single (one bed, one person)
Guest Name First/Given Last/Family	☐ Double (one bed, two people)
Email Address	☐ Double/Double (two beds, two people)
Company	☐ Triple (two beds, three people)
Address	☐ Quad (two beds, four people)
	☐ Suite: One or two bedrooms
City State	☐ Nonsmoking ☐ Smoking (Many hotels are ALL nonsmoking.)
Country ZIP/Postal Code	☐ ADA accessible: Please specify
Daytime Phone Fax	☐ Government Rate
	OTHER (available upon request and availability)
Please list roommates: 1)	☐ Rollaway bed (not available in rooms with two beds)
2)	☐ Connecting rooms
3)	☐ Crib ☐ Refrigerator ☐ Microwave
HOTEL CHOICES: Write out hotel name (see hotel rates and map):	PAYMENT INFORMATION
1	☐ VISA ☐ MasterCard ☐ American Express
3.	☐ Discover ☐ Diners Club
If your choices are not available, indicate the factor most important to you:  Government rate  Lowest rate	Name of Cardholder
☐ Hotel close to the Washington State Convention Center	Credit Card Number
□ Special requests	Exp. Date CVS # (3-digit # on reverse of card)
	Signature of Cardholder