OFFICIAL HOTEL RESERVATION FORM

RESERVATION DEADLINE: 31 August

25-28 SEPTEMBER GSA 2016 Denver, Colorado, USA

CONTACT INFORMATION

First Name:	Last Name:		
Company:			
Address:			
City:	State:	Zip:	Country:
Phone:	Fax:		
Email (required to receive confirmation):			

HOTEL PREFERENCE: Indicate your hotel choices in order of preference. Requests will be honored on a first-come, first-served, space available basis. Submit your request as soon as possible for the best opportunity of receiving your hotel choice.

Preference	Hotels	Single	Double	Triple	Quad
	Hyatt Regency at Colorado Convention Center	$223	$223	$248	$273
	Crowne Plaza Denver	$179	$179	$189	$199
	Denver Marriott City Center	$199	$199	$214	$229
	Grand Hyatt Denver	$205	$205	$230	$255
	Hampton Inn & Suites Denver Downtown Convention Center	$199	$199	$209	$219
	Hilton Garden Inn Denver Downtown	$195	$195	$205	$215
	Holiday Inn Express Denver Downtown	$161	$161	$171	$181
	Homewood Suites by Hilton Downtown Convention Center	$199	$199	$209	$219
	Hyatt House / Hyatt Place Denver Downtown	$199	$199	$209	$219
	Sheraton Denver Downtown Hotel	$199	$199	$214	$229

ROOM INFORMATION: Arrival Date: _____ Departure Date: _____

ROOM TYPE ☐ Single (1 bed/1 person) ☐ Double (1 bed/2 persons) ☐ Double (2 beds/2 persons)
☐ Triple (2 beds/3 persons) ☐ Quad (2 beds/4 persons)

List names of all room occupants: 1. _____ 2. _____

3. _____ 4. _____

☐ Check here if you have a disability requiring special services ☐ Non-Smoking ☐ Smoking

Special Requests: _____

IMPORTANT INFORMATION

DEPOSIT: All reservation requests must be accompanied by a credit card guarantee or check in the amount equaling a deposit for one night's room & tax for each room reserved. Tax is currently 14.75% (subject to change). Forms received without a valid guarantee/deposit will not be processed. Your hotel reserves the right to charge this card a deposit for one night's room & tax for each room reservation on or after 31 August. This credit card must be valid through September, 2016.

☐ Amex ☐ MasterCard ☐ Visa ☐ Discover ☐ Check payable to Orchid Event Solutions Check #_____

Card #: _____ Exp. Date: _____

Name: _____ Signature: _____

CANCELLATION: Reservations cancelled after 22 August and prior to 72 hours before arrival date will be subject to a $25 cancellation fee for each room cancelled charged by Orchid Event Solutions. **Deposit of one night's room & tax will be forfeited entirely if cancellation occurs within 72 hours of arrival date**.

If you don't receive a confirmation or have questions, please contact Orchid Event Solutions.

Return completed form to Orchid Event Solutions:

Mail:
175 S. West Temple, Suite 30
Salt Lake City, UT 84101

Email: help@orchideventsolutions.com

Fax: 801-355-0250

855-657-0547 US Toll-free
801-433-0661 International
7:00 am – 6:00 pm MST, Mon–Fri