



Group Housing Request Form

All reservation request must be received by SITC by **September 20, 2017**. SITC cannot process incomplete forms. Please fax completed forms to (414) 271-2456.

Group Housing Policies

- All individuals must be registered for the 2017 SITC Annual Meeting and/or a SITC 2017 Annual Meeting Associated Program* before or at the time of submitting a hotel reservation form.
**Associated Programs include the World Immunology Council Meeting and/or Industry Program*
- An individual can only be assigned to one room.
- The last day to make a name change is **October 4, 2017**. A one night room deposit may be charged on the card if the individual fails to show up for the reservation or cancel in time (By 3pm EST 48 Hours prior to arrival).
- After SITC creates the housing reservations, the group is responsible for all of their room charges and making any changes to their reservation if needed.
- SITC is not responsible for no-shows or early departure fees charged by the hotel or rooms resold due to non-arrival. Your specific reservation is being held for you in the inventory of rooms the hotel blocked for this meeting. SITC takes no responsibility should a room type not be available at check-in.

1. Contact Information

Contact's First Name: _____ Contact's Last Name: _____

Company/Institution: _____

Address: _____

City: _____ State/Province & Country: _____ Zip/Postal Code: _____

Phone Number: _____ E-mail: _____

2. Room Requirements *(Check in at 4:00 p.m. and check out at 11:00 a.m.)*

Single-one person: \$246, Double-two people: \$266, Triple-three people: \$286, Quad-four people: \$306 (\$18 resort fee and 6% tax per night)

Guest room #1

Single, King Double, King Double, Two Queens Triple, Two Queens Quad, Two Queens

First and Last Name(s): _____

Check in: _____ Check out: _____

Guest room #2

Single, King Double, King Double, Two Queens Triple, Two Queens Quad, Two Queens

First and Last Name(s): _____

Check in: _____ Check out: _____

Guest room #3

Single, King Double, King Double, Two Queens Triple, Two Queens Quad, Two Queens

First and Last Name(s): _____

Check in: _____ Check out: _____

Guest room #4

Single, King Double, King Double, Two Queens Triple, Two Queens Quad, Two Queens

First and Last Name(s): _____

Check in: _____ Check out: _____

Guest room #5

Single, King Double, King Double, Two Queens Triple, Two Queens Quad, Two Queens

First and Last Name(s): _____

Check in: _____ Check out: _____

Guest room #6

Single, King Double, King Double, Two Queens Triple, Two Queens Quad, Two Queens

First and Last Name(s): _____

Check in: _____ Check out: _____

Guest room #7

Single, King Double, King Double, Two Queens Triple, Two Queens Quad, Two Queens

First and Last Name(s): _____

Check in: _____ Check out: _____

Guest room #8

Single, King Double, King Double, Two Queens Triple, Two Queens Quad, Two Queens

First and Last Name(s): _____

Check in: _____ Check out: _____

Guest room #9

Single, King Double, King Double, Two Queens Triple, Two Queens Quad, Two Queens

First and Last Name(s): _____

Check in: _____ Check out: _____

3. Payment & Authorization

A credit card is required to reserve and process housing requests. A one night room deposit may be charged on the card if the individual fails to show up for the reservation or cancel in time (By 3pm EST 48 Hours prior to arrival). Cards must be valid through November 2017. Please complete the information below; the card holder's signature is required.

Card type VISA MC AMEX Discover

Card number	Expiration date
Billing address	State
Name on card	Zip code
	Signature

Please fax completed forms to (414) 271-2456.