

NSBA's 21<sup>st</sup> Annual T + L Conference  
October 17-19, 2007 Nashville, TN  
**ATTENDEE HOUSING FORM**

**Cancellation Deadline: September 19, 2007**  
**\*\*For 10 rooms or more, please use the Group Block Form\*\***

**CONFIRMATION SHOULD BE MAILED TO** (Please Type or Print Clearly)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

School District: \_\_\_\_\_

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

City, State (Country): \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**HOTEL PREFERENCE** (Please fill in all four choices)

*Hotel requests will be honored on a first-come, first-served, space-available basis. Submit your request as soon as possible for the best chance of receiving one of your first four hotel choices.*

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

*If none of your preferred hotels is available, indicate whether rate or location is most important.*

*1 Rate 1 Location*

**ROOM OCCUPANTS**

Last Name, First Name: \_\_\_\_\_

Share with (list all occupants if applicable): \_\_\_\_\_

**ARRIVAL, DEPARTURE & ROOM TYPE**

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Room Type:  Single (1 bed / 1 person)  Double (1 bed / 2 persons)  Double/Double (2 beds / 2 people)  
 Suite (If checked, an NSBA T+L Housing consultant will contact you.)

*Bed type, non-smoking and other preferences will be on a request basis only. Information is forwarded to the hotel for their consideration.*

Smoking  Non-smoking  Other \_\_\_\_\_

Special Needs (specify) \_\_\_\_\_

**GUARANTEE AND DEPOSIT INFORMATION: No reservation will be processed without a guarantee or deposit.**

All reservations must be guaranteed with a valid credit card for one night's room & tax, or a deposit check of \$200 for a guestroom and \$400 for a suite. Please note that your credit card may be charged the one night's room plus tax, but not until after September 19, 2007, subject to individual hotel policy. NOTE: Checks must be received by 5pm (PST) September 19, 2007.

Enclosed is my check (U.S. funds) payable to *Convention Management Resources*. Check #: \_\_\_\_\_

VISA  Mastercard  American Express  Discover  Diners

Credit Card Number: \_\_\_\_\_ Exp. \_\_\_\_\_

Name on Card: \_\_\_\_\_

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

**CANCELLATION: You will receive a full refund of your deposit if cancelled on or prior to September 19, 2007. If you do not cancel your reservation by September 19, 2007 or fail to arrive on your confirmed date, your credit card will be charged the one night room charge plus tax or you will forfeit your deposit check, and your reservation will be canceled for the remainder of your stay.**

**3 On-Line:** visit the NSBA T+L Web site at <http://www.nsba.org/t+l/>

\* **Mail to:** NSBA T+L Housing, 33 New Montgomery, Suite 1420, San Francisco, CA 94105

**7 Fax to:** (415) 979-2250 *Credit Card or Check (Must be received before reservation is processed)*

( **Call:** (800) 636-4766 (toll-free U.S. & Canada) or (415) 979-2265, Monday – Friday, 9am – 9pm EST