

NSBA's 21st Annual T + L Conference

October 17-19, 2007/ Nashville, TN

EXHIBITOR HOUSING FORM

Cancellation Deadline: September 19, 2007

****For 10 rooms or more, please use the Group Block Form****

CONFIRMATION SHOULD BE SENT TO (Please Type or Print Clearly)

Last Name _____ First Name _____ MI _____
Company Name: _____
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 hotel choices.

- 1. _____ 2. _____
- 3. _____ 4. _____

ROOM OCCUPANTS (up to 9 persons—for 10 or more you must submit a Group Block Request)

- 1. Last Name, First Name: _____
Arrival Date: _____ Departure Date: _____ Room Type*: _____
- 2. Last Name, First Name: _____
Arrival Date: _____ Departure Date: _____ Room Type*: _____
- 3. Last Name, First Name: _____
Arrival Date: _____ Departure Date: _____ Room Type*: _____
- 4. Last Name, First Name: _____
Arrival Date: _____ Departure Date: _____ Room Type*: _____
- 5. Last Name, First Name: _____
Arrival Date: _____ Departure Date: _____ Room Type*: _____
- 6. Last Name, First Name: _____
Arrival Date: _____ Departure Date: _____ Room Type*: _____
- 7. Last Name, First Name: _____
Arrival Date: _____ Departure Date: _____ Room Type*: _____
- 8. Last Name, First Name: _____
Arrival Date: _____ Departure Date: _____ Room Type*: _____
- 9. Last Name, First Name: _____
Arrival Date: _____ Departure Date: _____ Room Type*: _____

***Room types are: Single, 1 bed/1 person; Double (1 bed/2 persons); or Double/Double (2 beds/2 persons).**

Smoking Non-Smoking Suite (If checked, an NSBA T+L Housing consultant will contact you.)

Special Needs (specify) _____
(Information is forwarded to the hotel for their consideration, it is not a guarantee of room type.)

GUARANTEE / DEPOSIT INFORMATION: No reservation will be processed without a deposit or credit card guarantee.

DEPOSIT POLICY: All reservations must be guaranteed with a valid credit card for one night's room & tax or a deposit check of **\$200 per guestroom and \$400 per 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 prior to 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