



Association of College & Research Libraries  
14<sup>TH</sup> NATIONAL CONFERENCE

**Official Housing Request Form**  
**DEADLINE FOR SUBMISSION: FEBRUARY 6, 2009**

Make your reservations online at [www.acrl.org/seattle](http://www.acrl.org/seattle) or, mail or fax to:

ACRL Housing Bureau  
568 Atrium Drive  
Vernon Hills, IL 60061  
Fax: (800) 521-6017; International Fax: (847) 996-5401

**PLEASE SEND CONFIRMATION TO:**

Contact Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
Day Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**RESERVATION DEPOSIT: CREDIT CARD GUARANTEE**

Name on credit card: \_\_\_\_\_  
Type of Card: MasterCard    Visa    American Express  
Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_  
Signature of cardholder: \_\_\_\_\_

**HOTEL ROOM REQUEST:**

Reservation requests are filled on a first-come, first-served basis. Hotel descriptions online: [www.acrl.org/seattle](http://www.acrl.org/seattle). Hotel rates do not include local taxes.

1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_ 3<sup>rd</sup> Choice: \_\_\_\_\_

# of Rooms Requested \_\_\_\_\_

Indicate which is more important in the event one of your requests is not available: \_\_\_\_Rate    \_\_\_\_Location

Special requests \_\_\_\_\_

**RESERVATION INFORMATION**

- A block of rooms for exhibitors has been set aside in all hotels. Rooms will be assigned in these blocks on a first-come/first-served basis and room availability for your arrival/departure dates.
- The ACRL Housing Bureau will confirm reservation requests within 72 hours of receipt of reservation.
- Reservations are not accepted without a credit card guarantee. Please complete the Reservation Deposit portion.
- If more than 10% of an exhibitor's block is cancelled after February 6, 2009, the exhibitor must pay all room nights and tax for cancelled persons in all hotels. *(ACRL is subject to substantial financial penalties if the room pick-up falls below what has been agreed upon contractually.)*

Name (indicate if sharing a room)	Room Type	Arrival date	Departure date
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

**Important Note:** Hotel confirmations will be sent from the ACRL National Conference Housing Bureau, **not** the hotel. Official ACRL National Conference hotels will not honor direct requests for reservations or confirmations.