

# HOUSING REQUEST FORM

June 21-27, 2007 - Annual Conference and Exhibition, Washington D.C.

## Deadline for Submission: April 27, 2007

**Instructions:** Please complete this form in its entirety to insure speedy processing. All hotels require a first night's deposit to hold your room. Complete the credit card portion of the form for the first night's deposit to be billed automatically upon receipt by hotel. **DO NOT SEND DUPLICATE FORMS** - If sharing room(s) designate one person to send request. Be sure to include your E-Mail address. Reservations can also be made on the ALA Annual Conference Website at: <http://www.ala.org/annual>

### Confirmation will be sent to:

Last name of person requesting rooms and confirmation \_\_\_\_\_ First name \_\_\_\_\_  
 Name of company or firm \_\_\_\_\_  
 Street address or p.o. box number \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Country \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 E-Mail Address *please print clearly to receive electronic confirmation* \_\_\_\_\_

Arrival day/date \_\_\_\_\_ departure day/date \_\_\_\_\_

### Occupant(s)

*(please do not duplicate. If sharing a room, designate one person to complete form.)*

print last name first

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

### Hotel Choices

*(Please print name and number of hotel as listed on Hotel Locator Map)*

1. \_\_\_\_\_ 2. \_\_\_\_\_  
 3. \_\_\_\_\_ 4. \_\_\_\_\_  
 5. \_\_\_\_\_ 6. \_\_\_\_\_

### Important notes:

- Rooms are assigned on a "first come/first served" basis and room availability for your arrival/departure.
- Photocopy this form if more than one room is required. Please do not request multiple rooms on one form.
- The ALA travel desk will send a confirmation within 72 hours or receipt.
- All changes and/or cancellations prior to June 12, 2007, must be made through the ALA travel desk. Last minute changes and cancellations must be made in writing to the hotel at least 7 days prior to check in.

### Credit card guarantee - first night + tax

Please guarantee reservation to my credit card (check one):  Visa  Amex  Mastercard

Card number \_\_\_\_\_

Expiration date \_\_\_\_\_

Authorized signature \_\_\_\_\_

Date \_\_\_\_\_

### Room preference

Bedding requests are based on availability. Every effort will be made to accommodate requests.

- Single (one person/one bed)  
 Double (two people/one bed)  
 Double/double (two people/two beds)  
 Triple (three people/1-2 beds)  
 Quad (four people/two beds)  
 Requires handicap room (check one)  
 Mobility  
 Hearing impaired  
 Visually impaired

### Mail or Fax to:

ALA Travel Desk/Experient  
 108 Wilmot Rd. Ste 400  
 Deerfield, IL 60015  
 Fax: 1-800-521-6017 or  
 847-940-2386