Hotel Reservation Form



51st ASHP Midyear Clinical Meeting & Exhibition

December 4-8, 2016 | Mandalay Bay Convention Center | Las Vegas, Nevada

IMPORTANT DEADLINE—REGISTER EARLY!

Reservations will be accepted by Orchid Event Solutions until **November 2, 2016** at 8:00 p.m. Eastern Time (ET) or until the group block is sold out, whichever occurs first. After this date, reservations will be made based on availability and hotels may charge higher rates.

You must be registered for the meeting in order to reserve a hotel room at the convention rate.

	FOUR WAYS TO RESERVE YOUR HOT	EL ROOM (Do not mail	to ASHP)
ONLINE www.ashp.org/midyea	PHONE r 877-505-0675 801-505-4613 9:00 a.m.–8:00 p.m. ET, Monday–Friday	FAX 801-355-0250	MAIL ASHP/Orchid Event Solutions 175 S. West Temple, Suite 30 Salt Lake City, UT 84101
	GUEST INFOR	MATION	
Arrival Date: Departure Date:			
First Name:	Las		
Company:	Ema	ail:	
Phone:	Fax	l	
Address:			
CITY		STATE	ZIP
	on will be sent directly to you by Orchid Event Solutions. Please r		
HOTEL PREFERENCE			
Hotel preferences will be honore	d to the extent accommodations are available.	Refer to the hotel map for	rates and locations.
Second Choice:			
Third Choice:			
If all three (3) choices are unavailable,	please process this reservation according to (check or	ne): 🔿 Comparable Room Rate	O Proximity to Mandalay Bay Convention Center
	ROOM TY	′PE	
Please check one. Additional fees may apply to third and fourth occupants. Submit only one room request per form. Make extra copies if needed.			
○ Single (1 person/1 bed) ○ DE	C (2 persons/1 bed) O DBL/DBL (2 persons, 2 beds	s) O Triple (3 persons/2 be	ds) O Quad (4 persons/2 beds) O Suite*
List all room occupants:			
Special Request:			
Hotel will honor special requests to the extent possible but requests are not guaranteed. Hotel will assign specific room types upon check-in based on availability. *Suite availability and rates are available through Orchid Event Solutions. Please call 877-505-0675 or 801-505-4613 or email ASHP@orchideventsolutions.com.			
	RESERVATION GI	JARANTEE	
	accompanied by a credit card guarantee or ch eceived without a valid guarantee/deposit will n with a completed hotel form.		
O American Express O Mas	terCard O Visa O Discover	O Diner's Club O	Check*
Credit Card Number:			Expiration Date:
Signature:			
I hereby authorize Orchid Event Solutions or any one of the participating hotels to process a charge to my credit card for each Room Deposit in accordance with the policies and information provided herein no sooner than November 2, 2016. If the charge to the credit card is denied, we reserve the right to release your reservation. "If paying by check, make check payable to Orchid Event Solutions and mail payment with hotel reservation form to above address. Check should be in U.S. funds drawn on a U.S. bank. Wire transfers will not be accepted.			

Cancellations and changes to the names of occupants or arrival and departure dates must be made directly with Orchid Event Solutions. Cancellations after **November 2, 2016** will be subject to a \$75.00 processing fee per reservation. If a cancellation occurs within 72 hours of arrival date, the deposit of one night's room and tax will be forfeited entirely. Please refer to your hotel's individual cancellation policy found on your acknowledgement letter. Cancellations and changes can be emailed to **ASHP@orchideventsolutions.com**.