



SUMMER MEETINGS & EXHIBITION 2015

Attendee Hotel Reservation Form

ASHP 2015 Summer Meetings & Exhibition

June 6-10, 2015 | Colorado Convention Center | Denver, Colorado

Register early! Reservations will be accepted by Orchid Event Solutions until **May 14, 2015 at 6:00 p.m. MST** or until the group block is sold out, whichever occurs first. After this time, 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 HOTEL ROOM — DO NOT MAIL TO ASHP

ONLINE	PHONE	FAX	MAIL
www.ashp.org/summermeetings	877-505-0675 801-505-4613 7 am-6 pm MST, Monday-Friday	801-355-0250	ASHP/Orchid Event Solutions 175 S. West Temple, Suite 30, Salt Lake City, UT 84101

GUEST INFORMATION

Arrival Date _____ Departure Date _____
 First Name _____ Last Name _____
 Company _____ E-mail _____
 Phone _____ Fax _____
 Address _____
STREET CITY STATE ZIP COUNTRY

An acknowledgement of your room reservation will be sent directly to you by Orchid Event Solutions. Please review all information for accuracy. You will not receive a confirmation from your hotel.

HOTEL PREFERENCE

Hotel preferences will be honored to the extent accommodations are available. Select from Denver Marriott City Center (HQ); Hampton Inn & Suites Denver/Downtown; Hilton Garden Inn Downtown Denver; Homewood Suites Denver/Downtown; Sheraton Denver Downtown. Refer to the hotel map for rates and locations.

First Choice: _____
 Second Choice: _____
 Third Choice: _____

If all three (3) choices are unavailable, please process this reservation according to (check one): Comparable Room Rate Proximity to Convention Center

ROOM TYPE

Please check one. Additional fees will apply to third and fourth occupants. Submit only one room request per form. Make extra copies if needed.

Single (1 person/1 bed) DBL (2 persons/1 bed) DBL/DBL (2 persons, 2 beds) Triple (3 persons/2 beds) Quad (4 persons/2 beds) 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 eventsolutions.com.

mailed ...not emailed

All deposits need to be received by May 14, 2015.

All reservation requests must be accompanied by a credit card guarantee or check for one night's room and tax deposit. Tax rate is 14.75% (subject to change). Hotel reservation forms received without a valid guarantee/deposit will not be processed. Faxed requests must include a valid credit card. Check deposits must be emailed with a completed hotel reservation form.

American Express MasterCard Visa Discover Diner's Club Check*

Credit Card Number _____ Expiration Date _____
 Address _____

I hereby authorize Orchid Event Solutions or the hotel to process a charge to my credit card for each Room Deposit in accordance with the policies and information provided herein no sooner than May 14, 2015. 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/CHANGES

Cancellations and changes to the names of occupants or arrival and departure dates must be made directly with Orchid Event Solutions. Cancellations after **May 14, 2015** will be subject to a \$50.00 cancellation processing fee for each room cancelled. One night's room and tax will be forfeited entirely if cancellation occurs within 72 hours prior to arrival date. Please refer to your hotel's individual cancellation policy found on your acknowledgement letter. Cancellations and changes can be emailed to ASHP@orchideventsolutions.com.