

**2009 ACCT Hotel Reservation Procedures: Please read carefully.**  
Deadline for making hotel reservations is Friday, September 4, 2009.

All hotel reservation requests must be made through ACCT housing and accompanied by your Congress Registration. Reservations are made on a first come, first served basis until September 4<sup>th</sup> or until rooms are not available. Only fully completed forms accompanied by your Congress Registration will be accepted at the ACCT Registration and Housing.

- \* INTERNET: Visit the ACCT web site at [www.acct.org](http://www.acct.org)
- \* FAX: Fax form to ACCT Registration and Housing (330) 963-0319
- \* PHONE: Call the ACCT Registration and Housing at (330) 425-9330
- \* MAIL: Mail to Association of Community College Trustees, Dept. 6061, Washington, DC 20042-6061.

**2009 ACCT ROOM RATES/TAXES**

|                           |                 |
|---------------------------|-----------------|
| Standard Room             | Executive Level |
| \$241.00 Single Occupancy | \$277.00        |
| \$261.00 Double Occupancy | \$297.00        |

\$20.00 for each additional person. Hotel room rate is subject to applicable state and local taxes, currently 15.58%.

**CHANGES/CANCELLATIONS**

Reservations may be changed or cancelled through the ACCT Housing and Registration until September 14, 2009. The Hotel will accept changes and cancellations after September 18, 2009.

**ACKNOWLEDGEMENTS**

ACCT Registration and Housing will send acknowledgement of your reservation within 10 to 14 days of receipt. Please review all information for accuracy. If you do not receive your acknowledgement please contact the ACCT Registration and Housing by phone at (330) 425-9330 or by email at [acct@experient-inc.com](mailto:acct@experient-inc.com). You will not receive a confirmation from the hotel.

**GUARANTEE/DEPOSITS**

All reservation requests require a credit card or 1 night's deposit at time of booking. A valid major credit card will be needed for the deposit. Reservations must be cancelled a minimum of 3 days prior to arrival. Reservations cancelled within 3 days of arrival will be charged 1 night's room and tax.

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

H Honors Number: \_\_\_\_\_

College/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Sharing Room with: \_\_\_\_\_

Sharing Room with: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

*Check in 3:00 p.m.* *(Check out 12:00 noon)*

If you are a person with a disability and require auxiliary aids, services, or other accommodations, check here and describe your needs: \_\_\_\_\_

Check appropriate boxes

|  |                                   |
|--|-----------------------------------|
| Standard Room                            | Executive Level                   |
| <input type="checkbox"/> \$241.00 Single | <input type="checkbox"/> \$277.00 |
| <input type="checkbox"/> \$261.00 Double | <input type="checkbox"/> \$297.00 |

**Special Requests:**

1 Bed  2 Beds

**Credit Card Payment:** Please check one

Amex  MasterCard  Visa  Discover

\_\_\_\_\_/\_\_\_\_\_  
(Credit Card Number) (Exp. Date)

\_\_\_\_\_  
(Print name as it appears on card)

\_\_\_\_\_  
(Signature)