

HOUSING RESERVATION FORM

NCLA Biennial Conference 2005

September 20-23, 2005

Deadline for Receipt by Bureau: August 20, 2005

Return the completed form by mail, fax or complete reservations online.	
Mail: Winston-Salem CVB Services Department 200 Brookstown Avenue Winston-Salem, NC 27101	Fax: 1.800.976.2282 or 336.721.2205 Online: www.visitwinstonsalem.com For changes and questions e-mail: ahaylock@wscvb.com

The Winston-Salem CVB will process all housing reservations through August 20, 2005.

- Form must be completed in its entirety to be processed by the Housing Bureau.**
- Only one form may be submitted per room and all occupants must be listed on the form.
- Phone requests cannot be accepted.
- Any changes or cancellations must be made in writing to the Housing Bureau by **August 20, 2005**.
- After the deadline all reservations, changes and cancellations must go directly through the hotel.
- The hotel will accept cancellations until 48 hours prior to arrival.
- All rooms must be guaranteed with a credit card. Please provide accurate credit card information (Name on card, Type of card, Credit card number, and Expiration date). The credit card **will not** be charged prior to your check-in at the property. If paying by check, it **must** be submitted with this form to be processed.
- Room rates below **do not include** the NC State sales and local occupancy taxes, which are currently 7% and 6% respectively.

Room type subject to availability

	<u>Single</u>	<u>Double/Double</u>	<u>Triple</u>	<u>Quad</u>
___ Marriott	___ \$114	___ \$114	___ \$134	___ \$134

Special Requests: Smoking Non-Smoking Wheelchair Access Other _____

ARRIVAL DATE: _____ **DEPARTURE DATE:** _____

Please print NAMES OF ALL OCCUPANTS in room:

SEND CONFIRMATION TO: (Please print clearly)

Name: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Fax: _____

TYPE OF ROOM REQUESTED & GUARANTEE DEPOSIT INFORMATION

___ Single (1 person 1 bed)	___ Double/Double (2 ppl. 2 beds)	___ Triple (3 ppl. 2 beds)	___ Quad (4 ppl. 2 beds)
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Credit Card Type: (circle) AMEX DC DIS MC VI Expiration Date: _____

Card number: _____

Print name as it appears on the card: _____

Signature: _____

() check attached (**Payable to: WSCVB Housing Bureau**) Check # _____ Check Amount: \$ _____