

Hotel Reservation Form

52nd ASHP Midyear Clinical Meeting & Exhibition

December 3–7, 2017 | Orange County Convention Center | Orlando, Florida

IMPORTANT DEADLINE—REGISTER EARLY!

Reservations will be accepted by Orchid.Events until **November 3, 2017** 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 HOTEL ROOM (Do not mail to ASHP)

ONLINE	PHONE	FAX	MAIL
midyear17.ashp.org	877-505-0675 801-505-4613 9:00 a.m.–8:00 p.m. ET, Monday–Friday	801-355-0250	ASHP/Orchid.Events 175 S. West Temple, Suite 30 Salt Lake City, UT 84101

GUEST INFORMATION

Arrival Date: _____ Departure Date: _____
First Name: _____ Last Name: _____
Company: _____ Email: _____
Phone: _____ Fax: _____
Address: _____
STREET
CITY STATE ZIP

An acknowledgment of your room reservation will be sent directly to you by Orchid.Events. 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. 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 Orange County Convention Center

ROOM TYPE

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) 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 Requests: _____

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.Events. Please call 877-505-0675 or 801-505-4613 or email ASHP@orchid.events.

RESERVATION GUARANTEE

All reservation requests must be accompanied by a credit card guarantee or check for one night's room and tax deposit. Tax is currently 12.5%, subject to change. Hotel forms received without a valid guarantee/deposit will not be processed. Faxed requests must include a valid credit card. Check deposits must be mailed with a completed hotel form.

American Express MasterCard VISA Discover Diner's Club Check*

Credit Card Number: _____ Expiration Date: _____

Signature: _____

I hereby authorize Orchid.Events 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 3, 2017. 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.Events 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.Events. Cancellations after **November 3, 2017** will be subject to a \$75.00 processing fee per reservation. If a cancellation occurs within 2 to 5 days (depending on hotel) 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 acknowledgment letter. Cancellations and changes can be emailed to **ASHP@orchid.events**.