SLEEP 2010 HOTEL RESERVATION FORM

To secure your hotel choice and receive immediate confirmation, make your reservation via Internet. Faxed & mailed housing forms will take longer to process and choice hotels may not be available.

INTERNET RESERVATIONS
Visit www.sleepmeeting.org.

FAXED/MAILED RESERVATIONS
Fax housing form to 210-207-6702. Or mail the housing form to APSS San Antonio Housing Bureau, 203 S. St. Mary's, Suite 200, San Antonio, TX 78205.

PHONE RESERVATIONS
Call 1-800-447-3372.

ACKNOWLEDGEMENTS
****To ensure you receive the e-mail acknowledgement, please add acknowledgement@pkghlrss.com to your address book****
The Housing Bureau will send an acknowledgement of your reservation via e-mail, fax or mail, depending on information provided on your housing form. Please review all information for accuracy. Acknowledgements will be e-mailed within 6 hours of reservation being processed directly online. Housing forms received via fax & mail will require 3-5 days for processing & sending of acknowledgement. If you do not receive your acknowledgement in this time frame, please contact the Housing Bureau by fax at 210-207-6702, or e-mail: housing@visitsanantonio.com. **You will not receive a written confirmation from the hotel.**

ROOM RATES/TAXES
To take advantage of the special SLEEP 2010 rates, please book your reservation by May 7, 2010. After May 7, room blocks will be released and hotels may charge higher rates.
All rates are based on the number of guests in a room and are subject to 16.75% occupancy tax, (subject to change). Special requests can not be guaranteed; however, hotels will do their best to honor all requests. Hotels will assign specific room types upon check-in, based on availability.

GUARANTEE
All reservations require a credit card valid through July 2010 or a check guarantee at the time of confirming reservations. Requests received without a valid guarantee will be returned and will not be processed.

CHECK DEPOSITS
If you choose to mail a check deposit, it should be made payable to SACVB Housing in the amount of $200 and mailed along with your housing form to the address provided above.

CANCELLATIONS
The Housing Bureau must receive all cancellations on or prior May 7, 2010, to avoid a penalty. Any cancellations received after May 7, will be assessed a $25 cancellation fee. This fee will be charged within seven days of the cancellation.

RESERVATION WILL NOT BE PROCESSED IF FORM IS INCOMPLETE.
Keep a copy of this form for your records. DO NOT MAIL AFTER FAXING.
Acknowledgements are e-mailed, mailed or faxed only to the e-mail or fax provided and name listed in field #8.
Photocopy this form if you need more than one room. Only one room may be requested under each name.
SELECT SIX HOTELS: Rooms are assigned first-come/first-served. If choices are not available, a room will be secured at a hotel based on your preference of rate or proximity, and availability.

1st Choice_____ 2nd Choice_____ 3rd Choice_____
4th Choice_____ 5th Choice_____ 6th Choice_____

If hotel choices are sold out, which is more important? ❑ **Room Rate** ❑ **Location**

2. Arrival: DATE:_____TIME:_____am pm
3. Departure: DATE:_____TIME:_____am pm
(Make air reservations before filling out arrival/departure dates on this form. Requests for more than 3 days pre/post-convention may not be available through the housing bureau. An acknowledgment will advise you to call the hotel directly for additional nights (not always available at convention rates).

4: CHECK APPROPRIATE BOX: ❑ ONE BED ❑ TWO BEDS
Suites must be requested in writing to the Housing Bureau via e-mail at housing@visitsanantonio.com, or fax 210-207-6702.

5. **The housing department will request room type, hotel will confirm if available.**
TOTAL PEOPLE IN ROOM:_____

6. ROOM GUARANTEE: All rooms must be guaranteed with either a credit card or check. Reservations will not be accepted without guarantee.

_____ Type of card (i.e. AE, MC, VS) _____ Credit Card Number _____ Exp. Date _____ Name on Credit Card

7. LIST ALL OCCUPANTS first name first: 1._____ 2._____ 3._____ 4._____

8. SEND ACKNOWLEDGMENT TO:

FIRST NAME MI LAST NAME

AFFILIATION/INSTITUTION

STREET ADDRESS OR P.O. BOX NUMBER

CITY STATE COUNTRY ZIP CODE

DAYTIME PHONE NUMBER

FAX NUMBER (If International, indicate Country/City Code)

E-mail address:_____

9. SPECIAL REQUESTS: ❑ SMOKING ❑ NON-SMOKING ❑ Check here for disability

List special or other needs:_____

Continue to use the Housing Bureau for changes & cancellations through May 18, 2010. Beginning May 19, all requests for changes & cancellations must be directed to your confirmed hotel. Please contact your assigned hotel at least 72 hours prior to arrival to cancel to avoid penalty. If dates of stay are changed at hotel check-in, hotel may charge an early departure fee.

Blocks of 10 or more will need to be approved by the APSS. Submit room block requests to Amber Josi at ajosi@aasmnet.org. Once approved, please mail or fax your request to the Housing Bureau.