

MANUFACTURER SUITE RESERVATIONS FORM

ALL RESERVATIONS MUST BE RECEIVED BY: MARCH 24, 2017

47TH ANNUAL INDUSTRY ADVANCEMENT SUMMIT

Pointe Hilton Squaw Peak • Phoenix, Arizona • Monday, April 24 – Friday, April 28, 2017

Associate Members must use this form to reserve their One-on-One Conference Suites in order to secure space in the Manufacturer Room Block.

Manufacturers' Suites must be reserved as a four-night package at a minimum, so that you can maintain your room through 5:25 pm for appointments on Thursday. Additional nights may be added to accommodate individual travel plans. Be sure to reserve your accommodations through the SHDA Office no later than March 24, 2017.

You must also register as a delegate to the conference on page 4.

First Name _____ Last Name _____

Company Name (as it should be listed in the Official Conference Program) _____

Company Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Name(s) of person(s) sharing accommodations: _____

Number of people in room: _____ Special requests: _____

If you would like your suite to be placed next to specific companies, please list them below. SHDA will do everything it can to accommodate your request, but requests are not guaranteed. _____

To avoid suite placement near your primary competitor(s), please list them below. SHDA will do everything it can to accommodate your request, but requests are not guaranteed. _____

Please indicate preference accommodations: _____ King _____ Double/Double _____ Handicap Access

Please note, all accommodations are non-smoking due to local laws.

Manufacturer Suite: \$1,040.00 - 4 night single or double occupancy (price includes room and tax)

Each additional night may be added at \$260 per night, single occupancy or double occupancy. If you are playing golf in the SHDA Golf Outing (at 8:00 AM on Monday, April 24th), you may need to add one or two additional nights' lodging.

4 nights lodging deposit @ \$1,040.00, cash advance _____ Arrival Date: _____ Departure Date: _____

4 nights lodging deposit @ \$1,092.00, credit card payment _____ Arrival Date: _____ Departure Date: _____

5 nights lodging deposit @ \$1,300.00, cash advance _____ Arrival Date: _____ Departure Date: _____

5 nights lodging deposit @ \$1,365.00, credit card payment _____ Arrival Date: _____ Departure Date: _____

6 nights lodging deposit @ 1,560.00, cash advance _____ Arrival Date: _____ Departure Date: _____

6 nights deposit @ \$1,638.00, credit card payment _____ Arrival Date: _____ Departure Date: _____

Your package price includes room and tax only - incidentals are on own.

Suite cancellations and full refunds will be honored until Monday, February 27, 2017. Suite cancellations after this date will not be refunded unless due to a medical emergency provided in writing to SHDA Headquarters. As a courtesy, please notify SHDA if you plan to check out before Thursday, April 27th.

Check-In: 4:00 p.m. – Check-Out: 11:00 AM *Accommodations will be confirmed with a credit card guarantee.*

Credit Card: American Express Visa MasterCard Discover

Billing Address: _____

Cardholder's Name: _____

Credit Card number: _____ Expiration Date: _____ Security Code: _____

I, _____, give authorization to SHDA Headquarters to charge my credit card.

Signature: _____ Phone: _____

Mail or fax this page with your credit card information directly to:

SHDA Headquarters • 105 Eastern Ave. • Suite 104 • Annapolis, MD 21403 • Fax: 410-263-1659