



Exhibitor Hotel Reservation Form

Iowa Dental Association

Annual Session

Iowa Events Center

Des Moines, Iowa

May 4-6, 2012

<u>Hotel</u>	<u>1 Person</u>	<u>2 Persons</u>	<u>3 Persons</u>	<u>4 Persons</u>
Embassy Suites on the River	\$149.00	\$149.00	\$159.00	\$169.00
Hyatt Place Des Moines Downtown	\$119.00	\$119.00	\$119.00	\$119.00
Holiday Inn Downtown at Mercy Campus	\$114.95	\$114.95	\$114.95	\$114.95
Renaissance Des Moines Savery Hotel	\$115.00	\$115.00	\$115.00	\$115.00

- Completed reservation forms must be received by **4:30 P.M. April 10, 2012** to guarantee accommodations. Reservations are processed in the order received by the Iowa Dental Association Housing Bureau.
- Please list three hotel choices. If the hotel of your first choice is not available, the second choice will be contacted, etc.
- **No telephone requests will be accepted.** Do not call individual hotels for reservations.
- Reservations must be made by using On-Line Housing **or** this housing form. Please print clearly. Make copies as needed.
- Please list all occupants and designate occupants for each room (if applicable).
- You will receive an acknowledgement from the Iowa Dental Association Housing Bureau within one business day from your request date.
- You will receive confirmations directly from the hotel after **April 11, 2012**.
- **All rooms must be guaranteed.** You may guarantee your room with a credit card by completing this form or by mailing a check for one night's deposit for each room with this form. Checks should be made payable to Iowa Dental Association Housing Bureau – any housing forms received without a valid deposit will not be processed.
- Changes and cancellations must be in writing by email, mail or fax through the Iowa Dental Association Housing Bureau by **April 10, 2012**.
- 7 percent room tax and 5 percent sales tax will be added to all hotel rates.
- Published hotel/motel rates are valid until **April 10, 2012** and are subject to change after that date.

Confirmation Contact: _____ Day Phone: _____

Institution/Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Fax: _____

Hotel Preference (in order of preference):

1) _____ (2) _____ (3) _____

Special Requests: Please note room types and special requests are not guaranteed. The hotel will assign specific room types at check-in, based on availability. Some requests like rollaways beds or refrigerators may incur additional costs. **Please indicate any special requests: Handicapped Accessible:** _____ **Other:** _____

Arrival date: _____ Departure date: _____

Credit Card Type: _____ Name of Card Holder: _____

Card Number: _____ Exp date: _____

Accommodations:

1 person, 1 bed _____
 2 persons, 1 bed _____
 2 persons, 2 beds _____
 3-4 persons, 2 beds _____
Total Number of Rooms _____

Occupants (list all names & designate persons sharing):

To book your room online please visit:

www.housingweb.net
 Use Convention ID #10077

Please mail completed form to:
Iowa Dental Association Housing Bureau
400 Locust Street - Suite 265
Des Moines, IA 50309
OR FAX completed form to: 515-244-9757