

# HOUSING RESERVATION FORM

## IOWA DENTAL ASSOCIATION ANNUAL SESSION

### APRIL 30-MAY 1-2, 2010      CORALVILLE

**HOUSING RESERVATION DEADLINE: APRIL 7, 2010**

**Print or type information**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **SUITE NO.** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**TELEPHONE NUMBER:** (\_\_\_\_) \_\_\_\_\_ **FAX NUMBER:** (\_\_\_\_) \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**DENTIST**     **DENTIST AND STAFF**     **DENTAL HYGIENIST**     **DENTAL ASSISTANT**

**-HOTEL LISTINGS ARE ON THE OTHER SIDE OF THIS FORM-**

**HOTEL PREFERENCE:** Please list four hotel choices (in order of preference) in the event the hotel you select is full.

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_

**ROOM REQUEST #1:**

- SINGLE**      1 bed/1 person
- DOUBLE**     1 bed/2 persons
- DBL/DBL**    2 beds/2 persons
- TRIPLE**      2 beds/3 persons
- QUAD**        2 beds/4 persons

**NAMES OF OCCUPANTS:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**Handicapped accessible**

**NON-SMOKING**     **SMOKING**

**ARRIVAL DATE:** \_\_\_\_\_ **DEPARTURE DATE:** \_\_\_\_\_

**ROOM REQUEST #2: (ADDITIONAL ROOM)**

- SINGLE**      1 bed/1 person
- DOUBLE**     1 bed/2 persons
- DBL/DBL**    2 beds/2 persons
- TRIPLE**      2 beds/3 persons
- QUAD**        2 beds/4 persons

**NAMES OF OCCUPANTS:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**Handicapped accessible**

**NON-SMOKING**     **SMOKING**

**ARRIVAL DATE:** \_\_\_\_\_ **DEPARTURE DATE:** \_\_\_\_\_

**Credit Card Type** \_\_\_\_\_ **Card Number** \_\_\_\_\_

**Cardholder's Name** \_\_\_\_\_ **Expiration Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**ALL ROOMS MUST BE GUARANTEED. See other side of form.**

## HOUSING RESERVATION FORM . . . continued

Room rates subject to 12% tax.	Single	Double	Double/ Double	Triple	Quad
<b>CORALVILLE MARRIOTT HOTEL &amp; CONFERENCE CENTER</b> Headquarters Hotel 300 East 9 <sup>th</sup> Street, Coralville 2-4	125.00	125.00	125.00	125.00	125.00
<b>BAYMONT INN &amp; SUITES</b> 200 Sixth Street, Coralville 1-2-3-4	89.99	89.99	89.99	94.99	99.99
<b>BEST WESTERN CANTEBURY INN &amp; SUITES</b> 704 First Avenue, Coralville 1-2-3-4	70.00	75.00	75.00	n/a	n/a
<b>HAMPTON INN</b> 1200 First Avenue, Coralville 1-2-3-4	99.00	99.00	99.00	99.00	99.00
<b>HEARTLAND INN</b> 87 Second Street, Coralville 1-2-3-4	99.00	99.00	n/a	n/a	n/a

**Key to hotel features:**

- #1 – Shuttle Service provided to Coralville Marriott Hotel & Conference Center
- #2 – High-Speed Internet Access
- #3 – Complimentary Breakfast
- #4 – Fitness Center and/or Indoor Pool

All reservation forms must be received at the IDA HOUSING BUREAU by **APRIL 7, 2010**. After this date, rooms will be released and reservations may be made directly with the hotel – based on availability. The convention rate may not be available after this date. Rooms are reserved on a first come, first served basis. **YOU WILL RECEIVE A CONFIRMATION FROM THE HOUSING BUREAU. IT IS ADVISABLE TO BRING THIS CONFIRMATION WITH YOU.**

**ALL ROOMS MUST BE GUARANTEED.** You may guarantee your room with a credit card by completing the information on this form. Reservations are processed in the order received by the housing bureau. Changes and cancellations must be in writing by mail or fax through the housing bureau.

**SEND THIS FORM BY APRIL 7, 2010 TO:**

**Iowa Dental Housing Bureau, c/o Iowa City/Coralville Convention & Visitors Bureau,  
900 First Avenue, Coralville, Iowa 52241**

**Reservations will be accepted by FAX @ 319-337-9953.**

**The Housing Bureau cannot accept reservations by telephone.**

**Do not call individual hotels for reservations.**