

# Hotel Reservation Form



## American Society of Animal Science/American Dairy Science Association Midwestern Meeting Polk County Convention Complex Des Moines, Iowa March 18-21, 2007



<u>Hotel</u>	<u>1 Person</u>	<u>2 Persons</u>	<u>3 Persons</u>	<u>4 Persons</u>
Des Moines Marriott	\$123	\$123	\$123	\$123
Embassy Suites	\$139	\$139	\$139	\$139
Holiday Inn Downtown	\$84.95	\$84.95	\$84.95	\$84.95
Hotel Ft. Des Moines	\$89	\$99	\$99	\$99

- Completed reservation forms must be received by **February 19, 2007** to guarantee accommodations. Reservations are processed in the order received by the ASAS/ADSA Housing Bureau.
- Please list four 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.
- All reservations must be made using 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 confirmations directly from the hotel.
- **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 ASAS/ADSA Housing Bureau – any housing forms received without a valid deposit will not be processed..
- Changes and cancellations must be in writing by mail or fax through the ASAS/ADSA Housing Bureau by **February 19, 2007**.
- 7 percent room tax and 5 percent sales tax will be added to all hotel rates.
- Published hotel/motel rates are valid until **February 19, 2007** 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) \_\_\_\_\_ 4) \_\_\_\_\_

Please check your preference: **non-smoking room:** \_\_\_\_\_ **smoking room:** \_\_\_\_\_ **handicapped accessible:** \_\_\_\_\_

Please Note: Room types and special requests are not guaranteed. The hotel will assign specific room types at check in, based on availability.

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):**

- \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please mail completed form to:**

ASAS/ADSA Housing Bureau  
 400 Locust Street - Suite 265  
 Des Moines, IA 50309

**OR**

Fax completed form to: 515-244-9757

For **ONLINE** housing, please visit  
[www.asas.org/midwest/2007](http://www.asas.org/midwest/2007)  
 and click on Online Housing.  
 Convention ID # is: **2119**