

Hotel Reservation Form

American Society of Animal Science/American Dairy Science Association®

Midwestern Meeting

Polk County Convention Complex Des Moines, Iowa March 15-18, 2009



<u>Hotel</u>	<u>1 Person</u>	<u>2 Persons</u>	<u>3 Persons</u>	<u>4 Persons</u>
Des Moines Marriott (Downtown)	\$125.00	\$125.00	\$125.00	\$125.00
Embassy Suites	\$141.00	\$141.00	\$141.00	\$141.00
Holiday Inn Downtown	\$ 92.95	\$ 92.95	\$ 92.95	\$ 92.95
Hotel Fort Des Moines	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00
Renaissance Savery	\$112.00	\$112.00	\$112.00	\$112.00

- Completed reservation forms must be received by **February 23, 2009** 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.
- 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 confirmations directly from the hotel around the end of February 2009.
- **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 23, 2009**.
- 7 percent room tax and 5 percent sales tax will be added to all hotel rates.
- Published hotel/motel rates are valid until **February 23, 2009** 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. Some requests, such as, rollaway beds, or extra refrigerators may incur additional charges.

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
<http://adsa.asas.org/midwest/2009>
 Click on Online Housing.
 Convention ID # is: **2211**