

TEAM HOTEL RESERVATION FORM

2010 NATIONAL ACADEMIC DECATHLON
 Omaha, Nebraska April 21 – April 24, 2010

HOTEL RESERVATION FORM
BY MARCH 19, 2010

School Name:			
Contact:	Coach:		
Address:	City:	State:	
Phone:	Daytime:	Evening:	
Fax:	Email:		

Please complete this form and return it to:

E-mail:
 national@usad.org

FAX:
 712-366-3701

Questions?
 712-366-3700

HOTEL ROOM REQUIREMENTS:

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date	4/18/10	4/19/10	4/20/10	4/21/10	4/22/10	4/23/10	4/24/10	4/25/10
Total Rooms Required								

Please mark your check in date and your check out date only: Total nights: _____

If additional dates are required please list them on an additional sheet. The hotel rate is guaranteed for two days prior to April 18, 2010 and two days after April 25, 2010 if the hotel has availability only. Confirmation of your reservation will be sent to you by email within 10 days.

HOST HOTEL:

All rooms accommodate up to 4 people in two double-bedded rooms, one double bed and pull out sofa or 1 king bed with rollaway. Non-smoking preferences cannot be guaranteed for all rooms. Hotel rate per room is \$139.00 per night plus applicable taxes. Rollaway beds are available on a first come first serve basis and are allowed only in King Rooms (1 rollaway per room). Non-smoking preferences cannot be guaranteed for all rooms.

Please list all room occupants below or on an attached form: (Please indicate the adults responsible for keys when checking in with an A)

Room	Name	Name	Name	Name
1				
2				
3				
4				
5				

Payment Policy:

A first night's deposit is required before the above rooms can be confirmed on a definite basis. A deposit can be in the form of a school check or credit card and must be in the amount of one night's charge for all rooms reserved (refundable up to 72 hours in advance of the convention date). **Checks must be made out to the:** Holiday Inn. All credit cards used to prepay will be charged immediately. If paying with a school check the hotel also requires that a credit card be given for security purposes. **Purchase orders will not be accepted.**

Credit Card Number: _____ Expiration Date: _____ Credit Card Type: V M/C Disc AE

Cardholder's Name _____

Cardholder's Address _____ City, State, Zip _____

- **Group Cancellation Policy:** Should cancellation of more that 30% of the total rooms reserved occur within 3 weeks of the arrival date; the group may be responsible for room and tax charges of rooms not re-sold.
- **Individual Room Cancellation Policy:** Any cancellation to a room reservation must be made within 72 hours prior to arrival. If cancellation occurs after this time a one night's charge will be posted against your method of guarantee. Reinstatement of the reservation is based upon availability.
- **Reservations will be accepted until March 19, 2010.** After this date, reservations are subject to room and rate availability.
- Check in time is after 3:00 p.m. Check out time is prior to 11:00 am

Group Contact: _____ Phone #: _____ Date: _____