

ONLINE

Attendee Hotel Reservation Form

ASHP 2016 Summer Meetings & Exhibition

June 11–15, 2016 | Baltimore Convention Center | Baltimore, Maryland

FAX

MAIL

Book early! Reservations will be accepted by Orchid Event Solutions until **May 13, 2016** at **6:00 p.m. MST** or until the group block is sold out, whichever occurs first. After this time, reservations will be made based on availability and hotels may charge higher rates. **You must be registered for the meeting in order to reserve a hotel room at the convention rate.**

PHONE

FOUR WAYS TO RESERVE YOUR HOTEL ROOM — DO NOT MAIL TO ASHP

www.ashp.org/summermeetings	877-505-0675 801-505-461 7 a.m.—6 p.m. MST, Monday—Frio		ASHP/Orchid Event Solutions 175 S. West Temple, Suite 30, Salt Lake City, UT 84101
	GUES	T INFORMATION	
Arrival Date		Departure Date	
First Name		Last Name	
Company		E-mail	
Phone		Fax	
Address		CITY	STATE ZIP COUNTRY
			utions. Please review all information for accuracy.
	НОТЕ	L PREFERENCE	
Hotel preferences will be honored to	the extent accommodations are av	ailable. Refer to the hot	el map for rates and locations.
First Choice			
Second Choice			
Third Choice			
If all three (3) choices are unavailable, p	please process this reservation accordi	ng to (check one): O Co	mparable Room Rate O Proximity to Convention Center
	F	ROOM TYPE	
Please check one. Additional fees	will apply to third and fourth occu	pants. Submit only one	room request per form. Make extra copies if needed.
☐ Single (1 person/1 bed) ☐ DBL ((2 persons/1 bed) DBL/DBL (2 per	sons, 2 beds)	(3 persons/2 beds) Quad (4 persons/2 beds) Suite*
List all room occupants			
Special Requests			
	ility and rates are available through		will assign specific room types upon check-in . Please call 877-505-0675 or 801-505-4613 or
	RESERV	ATION GUARANTEE	
	out a valid guarantee/deposit will not b	oe processed. Faxed requ	m and tax deposit. Tax rate is 15.5% (subject to change). ests must include a valid credit card. Check deposits must be
☐ American Express ☐ Master	Card □ Visa □ Disco	over	ub ☐ Check*
Credit Card Number			Expiration Date
Address			
I hereby authorize Orchid Event Solution	ons or the hotel to process a charge t	o mv credit card for each	Room Deposit in accordance with the policies and information

CANCELLATIONS/CHANGES

Wire Transfers will not be accepted.

Cancellations and changes to the names of occupants or arrival and departure dates must be made directly with Orchid Event Solutions. Cancellations after **May 13, 2016** will be subject to a \$75.00 cancellation processing fee for each room cancelled. One night's room and tax will be forfeited entirely if cancellation occurs within 72 hours prior to arrival date. Please refer to your hotel's individual cancellation policy found on your acknowledgement letter. Cancellations and changes can be emailed to ASHP@orchideventsolutions.com.

provided herein no sooner than May 13, 2016. If the charge to the credit card is denied, we reserve the right to release your reservation. *If paying by check, make check payable to Orchid Event Solutions and mail payment with hotel reservation form to above address. Check should be in U.S. funds drawn on a U.S. bank.