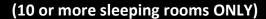
NHIA 2019 Group Hotel Reservation Authorization Form





This form is required for companies requiring ten (10) or more rooms at the official NHIA 2019 Hotel (Gaylord Palms). Please complete this form in its entirety and submit to Nicole Tisdale via fax at +1-703-964-1246 no later than <u>January 7, 2019.</u>

If your company requires fewer than 10 rooms, please contact the hotel(s) directly to make your reservations.

CONTAC	T INFORM <i>A</i>	ATION: (The	e person bel	ow will be ti	he contact p	erson for al	l arrangeme	nts)	
Compan	y Name/Gro	oup Name: _							
Main Contact First Name:				Main Contact Last Name:					
Address:									
City:					State:	;	Zip:		
Phone:			Fax: _			Email:			
ROOM B	LOCK INFO	RMATION							
Please e	nter the nu	mber of roc	oms that yo	u are reque	sting each r	night.			
This form	n is for grou	ups of 10 or	more gues	ts only; indi	vidual reser	vations can	be made wit	th the hotels	S
separate Date. If provided will be re rooms un	Excel shee you do not d, directly t eleased for nder one na	t with the fi wish to pro o the hotel general sale me. Beginn	elds: First I ovide individe by <u>January</u> . The hotel ing Februar	Name, Last I dual names in 7, 2019. An will not hold y 7, 2019 na	Name, Ema at this time ny rooms ro d "dummy" me changes	il Address, (, please not eserved wit or "tba" roos s will be cons	hese rooms, Check-In Date ce individual hout a name ms and will r sidered "can ations Mana	e and Check names muse after this not hold mul celled/repla	-Out st be date Itiple
Please e	nter the nui	mber of roo	ms you are	requesting	each night:				
hursday March 7, 2019	Friday March 8, 2019	Saturday March 9, 2019	Sunday March 10, 2019	Monday, March 11, 2019	Tuesday, March 12, 2019	Wed., March 13, 2019	Thursday, March 14, 2019	TOTAL NIGHTS	

Gaylord Palms special NHIA rates are: Standard \$249.00, Atrium View \$279.00, Emerald Bay \$299.00

Taxes and Fees not included in rates above (Rates and tax are subject to change)

Please i	nitial one of the paragraphs belov	w to choose the method o	of final payment for this room block.						
guest w	ill provide final payment upon arı days prior to arrival without pena	rival. Individual reservati	eceived on the initial rooming list. Each ons within the block may be cancelled val cancellation will result in forfeiture						
card au		the initial rooming list.	on form must be filled out. The credit The credit card will be charged for the						
AGREE	MENT: I agree to the following te	erms of this agreement:							
1.	from NHIA 2018, without group	justification on why a lar nal speakers confirmed,	be more than 10% above final pick up rger block is being requested, such as more attendees registered, etc This is a form is received						
2.									
3.	Rooms will be assigned on a first	t-come, first-served basis	5.						
4.	•	by NHIA and confirmed	by the hotel, will constitute your officia	ĺ					
_	room block.		fall balance 000% of the initial						
5.	Should the room nights utilized — on a cumulative basis —fall below 90% of the initial reservation (block), the group agrees to be financially responsible for the unused room nights in the group reservation block up to 90% of the final contracted block. Financial responsibility will be determined by NHIA, not the hotel. The Group will be invoiced by NHIA directly.								
6.	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	int after the agreement submission						
	date, NHIA reserves the right to hold Group responsible for the total number of room nights								
	reserved multiplied by the hotel								
		as the total non-use of th							
	b. Invoices will be sent prior to the first day of conference.								
7	c. Payment will be due no later than thirty (30) days after date of invoice.								
 Hotel must receive names for the reservations by January 7, 2019. Any rooms held with name after this date will be released for general sale. The hotel will not hold "dummy" of 									
		_	. Beginning February 7, 2019 name						
changes will be considered "cancelled/replaced" new reservations and accepted at the discreti									
	of the Group Housing/Reservation	ons Manager.							
Signatu	re: Acting as Agent for Group		Date	_					
GUARA									
	nold rooms for my company/grou May, 2019 is required to guarant	E	credit card with a valid expiration date						
	□ AMEX	☐ MasterCard	□ Visa						
Card Nu	ımber:		Exp. Date:						
				_					
Signatu	re:								

This form is a fillable PDF. Please complete the fields above and use the 'Print' or 'Save As' commands to complete.

Please print name as it appears on card: