

AAPM 2016 JUL 31–AUG 4



COMMUNICATING OUR VALUE.
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58TH ANNUAL MEETING & EXHIBITION | WASHINGTON, DC

2016 EXHIBITOR ROOM BLOCK REQUEST FORM

DEADLINE: JUNE 15, 2016 (requests for 10 or more rooms)

CONTACT INFORMATION

Exhibiting Company: _____

First Name: _____ Last Name: _____

Address: _____

City/State/Province: _____

Zip/Postal Code/Country: _____

E-mail (required to receive confirmation): _____

Phone: _____ Fax: _____

HOTEL PREFERENCE

Review hotels below and indicate your hotel choices in order of preference. Requests will be honored on a first-come, first-served, space available basis. Submit your request as soon as possible for the best opportunity of receiving your hotel choice.

Rank Hotel Preference

___ Washington Marriott Marquis
(Headquarter Hotel)

___ Embassy Suites DC Conv Ctr

___ Hampton Inn Downtown Conv Ctr

___ Grand Hyatt Washington

___ Renaissance Downtown

___ Washington Marriott/Metro Center

Room Rates (US Dollars)

\$245 Single or Double **(limited block: 15 rooms)**

\$249 Single or Double

\$239 Single or Double

\$235 Single or Double

\$235 Single or Double

\$225 Single or Double

Below, please indicate the number of rooms (by bed type) you require each night. Your night by night room block (pattern) that you select will affect your hotel placement, therefore, be accurate and conservative.

Room Type	7/27 WED	7/28 THU	7/29 FRI	7/30 SAT	7/31 SUN	8/1 MON	8/2 TUE	8/3 WED	8/4 THU
One Bed:									
Two Beds:									
TOTAL ROOMS									

I have read and agree to the Terms & Conditions.

Name: _____ Signature: _____

To request a suite, please contact ksmith@orchideventsolutions.com or call **801-505-4104**.

RETURN COMPLETED FORM TO KATHY SMITH AT ORCHID EVENT SOLUTIONS:

MAIL:

175 South West Temple, Suite 30
Salt Lake City, UT 84101

E-MAIL:

ksmith@orchideventsolutions.com

PHONE:

888-505-4486 US Toll-free
801-505-4603 International
Hours: 7:00am-6:00pm MST, Mon-Fri

FAX:

801-355-0250

TERMS & CONDITIONS:

June 15, 2016: A complete rooming list with names and arrival/departure dates for each reservation must be submitted. After this date rooms without individual names will be released. Rooming list must be accompanied by a credit card guarantee for one night's room and tax for each room. Rooming lists received without a valid guarantee/deposit will not be processed.

Once your block is confirmed, you will receive a Block Confirmation Letter via email with instructions for submitting your rooming list.

DEPOSIT: Rooming lists must be accompanied by a credit card guarantee for one night's room rate and tax for each room reserved. Hotels may charge a one night's room and tax deposit for each room reservation on or after **June 15, 2016**. If a cancellation occurs after this date, the deposit will be forfeited. The credit card you use to guarantee each room must be valid through August 2016.

TAX DISCLAIMER: All rates are per room and are subject to 15% occupancy tax + 7.5% sales tax (subject to change).

CANCELLATION POLICY: Reservations cancelled after **July 6, 2016** and prior to 48 hours before arrival date will be subject to a \$25 cancellation fee for each room cancelled charged by Orchid Event Solutions. Deposit of one night's room and tax will be forfeited entirely if cancellation occurs within 48 hours of arrival date.

EARLY DEPARTURE FEE: Hotel may charge an early departure fee if you check out prior to your scheduled departure date.