

OFFICIAL HOUSING FORM

California School Library Association Annual Conference 2009

November 18-24, 2009 * Ontario, California

To make reservations on line please log on to www.csla.net

PLEASE TYPE OR PRINT CLEARLY:

Important Instructions

1. Please return completed form to:

Ontario Convention & Visitors Bureau
California School Library Association
2000 E Convention Center Way
Ontario, CA 91764

OR

Fax: 909-937-3070

E-mail: lmorales@ontariocvb.com

Only for changes, cancellations and questions you may have.

2. All Requests must be received in writing...one request form per room. (No telephone reservations accepted.)
3. Indicate hotel preference. Room assignments will be made in order received.
4. Fill in arrival and departure dates.
5. List all names of occupants of room. (Required if requesting double)
6. Supplying email will expedite your acknowledgement from the housing office.
7. Deadline for reservations is **November 4, 2009**.
8. Changes and cancellations, prior to **November 4, 2009**, must be in writing (fax and email accepted) sent to Ontario Convention & Visitors Bureau.
9. After **November 4, 2009**, call hotel to make reservations, changes, and cancellations.
10. There is a 72-hour cancellation fee.

NAME _____

FIRST

LAST

M.I.

ORGANIZATION _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE (____) _____ FAX (____) _____

E-MAIL _____

Hotel Requested:

_____ Doubletree Hotel \$99.00 (1-4 people)

Arrival Date: _____

Departure Date: _____

Type of Accommodation(s): (Room type subject to availability)

- Single (1-bed, 1 person)
- Double-Double (2-beds, 2-4 people)
- Double (1-bed, 2 people)

List all Occupant(s) of Room: _____

Special Requests: Nonsmoking Smoking Wheelchair access Other _____

Method of Payment

() check attached (Payable to: OCVB) Check # _____ Check Amount \$ _____

Reservations must be guaranteed by a one night's deposit of room plus tax of 11.85%.

Note: Payments made by check will be charged a \$25.00 processing fee if reservation is cancelled at any time.

Credit Card Information:

American Express Discover MasterCard Visa

Card Number: _____ Expiration: _____

Card Holder Name: (Print as it appears on card): _____

Card Holder's Signature _____