

OFFICIAL HOUSING REQUEST FORM



**MEDTRADE SPRING 2008
MAY 7-8, 2008**

LONG BEACH CONVENTION CENTER • LONG BEACH, CA

RESERVATION DEADLINE: APRIL 7, 2008

1 HOTEL

Arrival Date: _____

Departure Date: _____

Provide two hotel choices in order of preference from the attached hotel list.

1. _____

2. _____

Hotel Selection Importance: Rate Location

Ambassadors reserves the right to assign hotels based on availability. Rates are subject to availability.

2 ROOM INFORMATION

Please supply names of all persons to occupy room and type of room. Note, four individuals is the maximum per room. Only one room per form, please make copies if necessary. Room occupants:

Single Dbl (2ppl/1 bed) Dbl/Dbl (2 ppl/2beds)
 Smoking Non-smoking

Note: Room type & special requests based on availability at check in.

3 DEPOSIT INFORMATION

DEPOSIT: Reservations will not be processed without a guarantee of (1) night's room and tax deposit by credit card or check (add 15.5% room tax). Deposit is NON-REFUNDABLE if rooms are canceled within (7) days prior to arrival.

Guarantee with credit card:

Number: _____

Type: _____ Exp: _____

Name: _____

Signature: _____

Guarantee with check. Checks are accepted to reserve rooms but must accompany this form. Make checks payable to: **Ambassadors.**

MUST BE FILLED OUT

Send Confirmation to: (Please print clearly)

Name: _____

Company: _____

Address: _____

City: _____ State: _____

Zip: _____

Telephone: _____

Fax: _____

Email: _____

ATTENDEE

EXHIBITOR

SPECIAL REQUESTS

I am in need of an ADA accessible room. I may need special assistance from hotel in event of an emergency.

Other, please list: _____

FIVE WAYS TO BOOK

Medtrade Spring 2008 Reservations:

ONLINE: www.medtrade.com

PHONE: 800-631-3188 (US)

404-584-7458 (International)

EMAIL: medtrade@ambassadors.com

FAX: 404-584-0685

MAIL: Medtrade Spring 2008

c/o Ambassadors

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