



Sweet Adelines International
International Convention & Competition
Nashville, TN • October 20 – 24, 2009

Housing Reservation Form

RESERVATIONS

- Reservations can be made by PHONE, FAX, MAIL or ONLINE between April 1, 2009 and September 11, 2009. Requests received after August 21, 2009 will be processed on a space-available basis. To receive the convention room rate, reservations must be made through the Sweet Adelines International Housing Bureau, Experient.
- Online: www.sweetadelineintl.org
- TELEPHONE: Toll-free (800) 611-2720 or (330) 425-9330 M-F 9:00 am – 5:00 pm EDT
- FAX: (330) 963-0319
- MAIL: Sweet Adelines International
2451 Enterprise Pkwy East
Twinsburg, OH 44087

HOTEL ROOM RATES/TAXES

- To take advantage of the Sweet Adelines room rates, please make your reservations by September 11, 2009. After that date, room blocks will be released and hotels may charge higher rates.
- All rates are per room and are subject to a 15.25% sales tax and \$2 city tax, both per room, per night.
- Special requests cannot be guaranteed; however, hotels will do their best to honor all requests.

DEPOSITS

- All rooms require a credit card deposit in the amount of one night's lodging
- This deposit of non-refundable if you are a no-show. Deposit refunds will only be made if the cancellation request is received in writing 72 hours prior to the scheduled arrival date
- Reservation requests received after September 11, 2009, will be accepted on a space-available basis at the hotel's prevailing rate.

CHANGES/CANCELLATIONS/REFUNDS

- Cancellations made July 31, 2009 through August 21, 2009, will be subject to a \$25.00 cancellation fee.
- Cancellations made August 22, 2009, through September 11, 2009, will be subject to a \$50.00 cancellation fee.
- After September 11, contact your hotel directly (prior to 72 hours of your arrival) to avoid additional hotel cancellation penalties.
- To change or cancel your reservation call toll free (800) 611-2720 or (330) 405-7811 for international callers. Please do not contact the hotel directly until after September 11, 2009.

GUEST INFORMATION

Arrival Date: _____ Departure Date: _____
 Name: _____
 Address: _____
 City, State/Province: _____
 Zip/Postal Code, Country: _____
 E-mail Address: _____
 Phone: _____ Fax: _____
 (International callers, please include country and city access numbers)


HOTEL SELECTION

Please list four choices in order of preference. Price and hotel descriptions are shown on the preceding pages. Please list the hotels by name.

1. _____
2. _____
3. _____
4. _____

If all requested hotels are unavailable, a reservation will be made at the next available hotel. Please indicate criteria for choices:

Comparable room rate Hotel location Proximity to arena
 Number of occupants in room: _____ Number of beds requested: _____

 Special request/needs: _____

RESERVATION GUARANTEE

All reservations requests must include a valid credit card number to be processed.

American Express Visa MasterCard Discover

Card Number: _____ Exp. Date: _____

Name on Credit Card _____

Cardholder's Signature _____