

# MANUFACTURER SUITE RESERVATION FORM

connecting | building | together  
42nd ANNUAL INDUSTRY ADVANCEMENT SUMMIT  
APRIL 24 – APRIL 27, 2012

Embassy Suites Hotel Chicago-Downtown-Lakefront Chicago, Illinois



ALL RESERVATIONS MUST BE MADE BY: **March 19, 2012**. Associate Members must use this form to reserve their One-on-One Conference Suites. Manufacturers' Suites **must be reserved as a three-night package**. Additional nights may be added to accommodate individual travel plans. Be sure to reserve your accommodations through the SHDA Office no later than March 19, 2012. You must also **register as a delegate** to the conference on page 5.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Company Name (as it should be listed in the Official Conference Program): \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name(s) of person(s) sharing accommodations: \_\_\_\_\_

Number of people in room: \_\_\_\_\_

Special requests: \_\_\_\_\_

If you would like your suite to be placed next to specific companies, please list them below. Requests are not guaranteed.

To avoid suite placement near your primary competitor(s), please list them below. Requests are not guaranteed.

Please indicate preference accommodations:  Smoking  Non-Smoking  King  Double/Double  Handicap Access

Manufacturer Suite: \$1,065.00 single occupancy | \$1,155.00 double occupancy (price includes room & tax) **3 nights deposit required**

Each additional night may be added at \$355 per night, single occupancy or \$385 per night, double occupancy.

<input type="checkbox"/> 3 nights lodging, single deposit @ \$1065.00 cash advance	Arrival: _____ Departure: _____	<input type="checkbox"/> 5 nights lodging, single deposit @ \$1775.00 cash advance	Arrival: _____ Departure: _____
<input type="checkbox"/> 3 nights lodging, single deposit @ \$1100.00 credit card	Arrival: _____ Departure: _____	<input type="checkbox"/> 5 nights lodging, single deposit @ \$1830.00 credit card	Arrival: _____ Departure: _____
<input type="checkbox"/> 3 nights lodging, double deposit @ \$1155.00 cash advance	Arrival: _____ Departure: _____	<input type="checkbox"/> 5 nights lodging, double deposit @ \$1925.00 cash advance	Arrival: _____ Departure: _____
<input type="checkbox"/> 3 nights lodging, double deposit @ \$1190.00 credit card	Arrival: _____ Departure: _____	<input type="checkbox"/> 5 nights lodging, double deposit @ \$1985.00 credit card	Arrival: _____ Departure: _____
<input type="checkbox"/> 4 nights lodging, single deposit @ \$1420.00 cash advance	Arrival: _____ Departure: _____	<input type="checkbox"/> 6 nights lodging, single deposit @ \$2130.00 cash advance	Arrival: _____ Departure: _____
<input type="checkbox"/> 4 nights lodging, single deposit @ \$1465.00 credit card	Arrival: _____ Departure: _____	<input type="checkbox"/> 6 nights lodging, single deposit @ \$2195.00 credit card	Arrival: _____ Departure: _____
<input type="checkbox"/> 4 nights lodging, double deposit @ \$1540.00 cash advance	Arrival: _____ Departure: _____	<input type="checkbox"/> 6 nights lodging, double deposit @ \$2310.00 cash advance	Arrival: _____ Departure: _____
<input type="checkbox"/> 4 nights lodging, double deposit @ \$1590.00 credit card	Arrival: _____ Departure: _____	<input type="checkbox"/> 6 nights lodging, double deposit @ \$2380.00 credit card	Arrival: _____ Departure: _____

### Your package price includes room and tax only - incidentals are on your own.

Suite cancellations and full refunds will be honored until Monday, March 19, 2012. Suite cancellations after this date will not be refunded unless due to a medical emergency provided in writing to SHDA Headquarters. As a courtesy, please notify SHDA if you plan to check out before Friday, April 27. Partial refunds will not be provided unless due to a medical emergency provided in writing to SHDA Headquarters. **Check-In: 3:00 p.m. – Check-Out: 12:00 Noon Accommodations will be confirmed with a credit card guarantee.**

Please charge to my (check one):  Visa  MasterCard  American Express  Discover

Account # \_\_\_\_\_ Expiration Date \_\_\_\_\_ Verification Code \_\_\_\_\_

Name on Card (please type or print) \_\_\_\_\_ Card Signature \_\_\_\_\_

I, \_\_\_\_\_, give authorization to SHDA Headquarters to charge my credit card.

Signature: \_\_\_\_\_ Phone # \_\_\_\_\_

Mail or fax this page with your credit card information directly to: **SHDA Headquarters** 105 Eastern Avenue, Suite 104 Annapolis, Maryland 21403

Fax: (410) 263-1659 **Questions? Call (410) 940-6346**