



AUGUST 11 – 14, 2018

**OFFICIAL HOTEL RESERVATION
DEADLINE IS July 17, 2018**

You should receive an acknowledgement within 72-hours. If you do not, please contact Connections Housing at 800-262-9974 or 404-842-0000.

Send Confirmation to:

Name: _____
 Company: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____
 Mobile Phone: _____
 Fax: _____
 Email: _____

SPECIAL REQUESTS

- I am in need of an ADA accessible room. I may need special assistance to exit the hotel in event of an emergency. **If selected, a Connections Housing representative will contact you.**
- Hearing
- Mobile
- Visual
- Other (e.g.: no feather bed, etc.)

Email: ASAHousing@ConnectionsHousing.com

Please select your attendee type: Attendee: _____ or Exhibitor: _____

Online: www.asanet.org / Phone: 404-842-0000 or 1-800-262-9974 / Secured Fax: 678-228-1920

Hotel	Single/Double Occupancy	Triple/Quad Occupancy
<input type="checkbox"/> Courtyard Philadelphia Downtown by Marriott	\$190 / \$190	\$190 / \$190
<input type="checkbox"/> Le Meridien Philadelphia, a Starwood Hotel	\$199 / \$224	\$249 / \$274
<input type="checkbox"/> Loews Philadelphia Hotel	\$215 / \$215	\$240 / \$265
<input type="checkbox"/> Philadelphia Marriott Downtown	\$202 / \$202	\$202 / \$202
Sold Out The Ritz-Carlton, Philadelphia	\$189 / \$209	\$244 / \$264

Rates quoted do not include tax of 15.5% (subject to change).

Room #1 Guest Name: _____ Sharing with: _____ Arrival date: _____ Departure Date: _____ *Smoking Preference: ____ Non-smoking / ____ Smoking *# of beds: (1 / 2) ** # of people in room: (1 / 2 / 3 / 4)	Room #2 Guest Name: _____ Sharing with: _____ Arrival date: _____ Departure Date: _____ *Smoking Preference: ____ Non-smoking / ____ Smoking *# of beds: (1 / 2) ** # of people in room: (1 / 2 / 3 / 4)
---	---

* Smoking preference and number of beds are requests only and cannot be guaranteed. **DEPOSIT INFORMATION**
 Guarantee with credit card valid through August 2018. Connections Housing will not charge your credit card. However, the hotel has the right to charge your card prior to arrival according to their cancellation and deposit policies.

Card Number: _____ Exp Date: _____ Name on card: _____

Signature: _____

A credit card will be required at the time of check in unless pre-payment has been made in advance.