## Visitor Individual Housing



## Reservation Deadline

August 1, 2018



| Company:  |  |                              |               | Date Submitted:   |                |                  |                |  |
|---|--|------------------------------|---------------|---|----------------|------------------|----------------|--|
| Address:  |  |                              |               | On-site Contact:  |                |                  |                |  |
| Address:  |  |                              |               | <u> </u>  |                |                  |                |  |
| City: State: Zip:   |  |                              |               |   |                |                  |                |  |
| Contact Name:   |  |                              |               | Phone:  |                |                  |                |  |
| E-mail:   |  |                              |               |   |                |                  |                |  |
|   |  |                              |               |   |                |                  |                |  |
| HOTEL PRI   | EFERENCES:   | Cho                          | ice based on: | Location  | Rate           | Hotel            |                |  |
| Please revi   | ew the list of hotels and inc  | 1st:                         | 1st:          |   |                |                  |                |  |
| your hotel choices in order of preference. If your hotel choices are not available, you will be contacted by a Connections Housing representative.  |  |                              |               | 2nd:  |                |                  |                |  |
|   |  |                              |               | 3rd:  |                |                  |                |  |
|   |  |                              |               | 4th:  |                |                  |                |  |
|   |  |                              | 401.          |   |                |                  |                |  |
| Please sup<br>print clearl  | ORMATION: ply names of all persons to y. Room types and smokin , 2 Beds, 1-B/R (1 bedroom suite), 2- | g preference are re          |               |   | -              | f this form if r | needed. Please |  |
| Room #  | Guest Name   | Sharing with (if applicable) |               | Arrival Date  | Departure Date | Room Type*       | Non-Smoking    |  |
| Room #1   |  |                              |               |   |                |                  |                |  |
| Room #2   |  |                              |               |   |                |                  |                |  |
| Room #3   |  |                              |               |   |                |                  |                |  |
| Room #4   |  |                              |               |   |                |                  |                |  |
| Room #5   |  |                              |               |   |                |                  |                |  |
| Room #6   |  |                              |               |   |                |                  |                |  |
| Room #7   |  |                              |               |   |                |                  |                |  |
| Room #8   |  |                              |               |   |                |                  |                |  |
| Room #9   |  |                              |               |   |                |                  |                |  |
| Room #10  |  |                              |               |   |                |                  |                |  |
| <ul> <li>DEPOSIT / IMPORTANT INFORMATION:</li> <li>Reservation(s) must be guaranteed with a credit card or check in the amount equaling a deposit for one night's room and tax for each room reserved. Tax is currently 16.4% and is subject to change.</li> <li>August 1, 2018: Rooming lists are due. After this date, rooms without individual names are subject to cancellation.</li> <li>August 13, 2018: IMTS Housing Cancellation Deadline. Any reservations cancelled after this date will forfeit their check deposit, or be charged a penalty equal to the amount of the first night's room and tax per room cancelled after the deadline.</li> </ul> |  |                              |               | For any rooms cancelled after August 13, 2018, your card will be charged a one night room and tax penalty by Connections Housing, the official IMTS housing agency, on behalf of IMTS. Please note, your hotel reserves the right to charge this card a deposit for one night's room and tax for each active room reservation. This credit card must be valid through September 30, 2018.  Amex MasterCard Visa Discover  Check Payable to Connections Housing Check #  Card #:  Exp. Date: Name: |                |                  |                |  |
| Connections Housing, the official IMTS housing agency, will collect this amount on behalf of IMTS.  |  |                              |               | Signature:  |                |                  |                |  |

RETURN FORM TO: Mail:

IMTS / Connections Housing

950 Scales Road

404-601-7442 Bldg. 200

Fax:

Suwanee, GA 30024

Contact Information:

Phone: 888-740-IMTS (4687) or

404-842-0000, 9:00 am - 6:00 pm EST, M-F