## NACS SHOW HOUSING GUIDELINES \& INSTRUCTIONS

## General Information

Please complete the Housing Form and return to NACS Housing as soon as possible. Refer to the Hotel Map and Descriptions for detailed information and indicate your preference(s) on the Housing Form.

Rooms will be assigned on a first-come, first-served basis pending availability at the time your request is received by NACS Housing. If your hotel choice(s) are sold out, a NACS Housing representative will notify you. Hotel reservations will be managed by Connections Housing, the official NACS housing agency.

## Deposits

Reservation(s) must be guaranteed with a credit card valid through 0 ctober 30,2015 . Please note that the hotels reserve the right to charge a deposit equaling one night's room and tax on, or after, September 7, 2015.

Should you wish to guarantee with a credit card now and send a check deposit at a later date, NACS Housing will send you an invoice, by request, once your hotel has been confirmed. Please note that all checks must be received by 5:00 pm Eastern Time, August 10, 2015.

## Confirmation of Hotel Rooms

An acknowledgement email will be sent to you once your form has been processed.

## Name/Date Changes

Once you receive the acknowledgment for your reservations, you can access our secured website $24 / 7$ to make name or date changes as well as cancellations. Each acknowledgement will include a link back into the reservation system where you may change or cancel an existing reservation.

However, if you prefer, you can submit name and/or date changes in writing to NACShousing@connectionshousing.com.
**Nightly rates vary for some hotels. Price ranges are listed below with ** next to the rates that apply. Single/Double occupancy rates are shown with a (/) separator. Rates shown do not include taxes. Please review your acknowledgment or contact Connections Housing for a breakdown of your nightly rates.

## Methods of Payment

The following credit cards are accepted by the NACS hotel: Visa, MasterCard, American Express, and Discover.

## Individual Housing Reservation RequestFom

 nACS IPMAA APEI conexxus $\mathbb{X}$ October 11-14,2015 • Las Vegas, NVMy Company is a: (this field is mandatory) **Acess Code Re
$\square$ *Retailer/Petroleum Marketer/Non-Convenience
$\square$ *Wholesaler/Distributor
Access Code $\longrightarrow$
$\square$ Manufacturer/Service Provider $\square$ Exhibitor

| Company Name |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- |
| Group Contact |  |  |  |  |
| Address |  | City |  |  |
| Phone Number | Fax Number | State | Zip |  |

E-mail Address

Manufacturer/Service Provider Exhibitor

## NACS CONVENTION HOTELS

**Nightly rates vary.
Bellagio^

## Caesars Palace^

Courtyard by Marriott Convention Center * $\dagger$
Elara, a Hilton Grand Vacations Hotel*
Embassy Suites Convention Center $\dagger$
Encore at Wynn Las Vegas
Flamingo Las Vegas^
Hard Rock Hotel \& Casino Las Vegas ^
Harrah's Las Vegas^
Hilton GV on the LV Strip*

Hilton GV LV (Conv. Ctr) t*

Las Vegas Marriott Convention Center * $\dagger$

MGM Grand Hotel \& Casino ^

## HOTEL PREFERENCE (Assigned on a first-come, first served, space available basis. Please list 6 choices)

All requests will be assigned on a first-come, first-served basis. Please refer to the hotel descriptions at www.nacsshow.com for detailed information. If none of your selections are available would you prefer an option based on: $\square$ Rate $\square$ Location

1. $\qquad$ 2. $\qquad$ 3.
2. 
3. 5. $\qquad$ 6.

## ROOM PREFERENCE (You may book up to three (3) rooms on each form. Room type \& smoking preference are subject to availability and are not guaranteed.)

| Name:__Sharing With: |  | Arrival Date: | Departure Date: |
| :---: | :---: | :---: | :---: |
| Room Type Requested (not guaranteed) $\square 1$ Bed $\square 2$ Beds | Number of people in room: | $\square$ Non-Smoking $\square$ Smoking |  |
| Name:_ Sharing With: |  | Arrival Date: | Departure Date: |
| Room Type Requested (not guaranteed) $\square 1$ Bed $\square 2$ Beds | Number of people in room: | $\square$ Non-Smoking $\square$ Smoking |  |
| Name: __ Sharing With: |  | Arrival Date: | Departure Date: |
| Room Type Requested (not guaranteed) $\square 1$ Bed $\square 2$ Beds | Number of people in room: | $\square$ Non-Smoking $\square$ Smoking |  |

## PAYMENT

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 in order to be processed. Should you wish to guarantee with a credit card now and send a check deposit at a later date, check the box below and NACS Housing will send you an invoice once hotel is confirmed. Please note that check must be received by $5: 00$ pm Eastern Time, August 10, 2015. For any rooms canceled after September 7, 2015, your card will be charged a one night room and tax penalty by Connections Housing, the official NACS housing agency, on behalf of NACS. Please note that your hotel reserves the right to charge this card a deposit for ones night's room and tax for each active room reservation. This card must be valid through 0ctober $30,2015$.
$\square$ Visa $\quad \square$ MasterCard $\square$ American Express $\quad \square$ Discover
Credit Card No.
Exp. Date:
Card Holder's Name:
Card Holder's Signature:
$\square$ I will pay for deposit by check. However, I understand my credit card will be used to guarantee
the room, one night's room and tax only, until the check has been received by NACS Housing.
Please invoice for: $\square$ Deposit Only $\square$ All room nights \& tax
$\square$ Check here if you would like to reserve a suite and NACS Housing will contact you.
$\square$ Special Assistance: Please checkhere if you would like usto contact you regarding special assistance.
To submit form or ask questions:
NACS Housing
Attn: Connections Housing
950 Scales Rd
Bldg 200
Suwanee, GA 30024

PHONE: (866) 983-NACS (6227) or (404) 842-0000
FAX: (404) 581-5913
EMAIL: NACSHousing@connectionshousing.com

