

Visitor Individual Housing



Reservation Deadline
Aug. 1, 2016

Company: _____
 Address: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Contact Name: _____
 E-mail: _____

Date Submitted: _____
 On-site Contact: _____
 On-site Cell Phone: _____
 Country: _____
 Phone: _____
 Fax: _____

| | | | | | | | | | | | | | | | | | | | | | |
|--|---|------------------|----------|------|-------|------|-------|--|--|------|-------|--|--|------|-------|--|--|------|-------|--|--|
| <p>HOTEL PREFERENCES: Please review the list of hotels and indicate your hotel choices in order of preference. If your hotel choices are not available, you will be contacted by a Connections Housing representative.</p> | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">Choice based on:</td> <td style="text-align: center;">Location</td> <td style="text-align: center;">Rate</td> <td style="text-align: center;">Hotel</td> </tr> <tr> <td>1st:</td> <td colspan="3">_____</td> </tr> <tr> <td>2nd:</td> <td colspan="3">_____</td> </tr> <tr> <td>3rd:</td> <td colspan="3">_____</td> </tr> <tr> <td>4th:</td> <td colspan="3">_____</td> </tr> </table> | Choice based on: | Location | Rate | Hotel | 1st: | _____ | | | 2nd: | _____ | | | 3rd: | _____ | | | 4th: | _____ | | |
| Choice based on: | Location | Rate | Hotel | | | | | | | | | | | | | | | | | | |
| 1st: | _____ | | | | | | | | | | | | | | | | | | | | |
| 2nd: | _____ | | | | | | | | | | | | | | | | | | | | |
| 3rd: | _____ | | | | | | | | | | | | | | | | | | | | |
| 4th: | _____ | | | | | | | | | | | | | | | | | | | | |

ROOM INFORMATION:
 Please supply names of all persons to occupy room(s) and type of room. Make additional copies of this form if needed. Please print clearly. Room types and smoking preference are requests only and cannot be guaranteed.
 * Types: 1 Bed, 2 Beds, 1-B/R (1 bedroom suite), 2-B/R (2 bedroom suite)

| 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 | | | | | | |

| | |
|---|--|
| <p>DEPOSIT / IMPORTANT INFORMATION:</p> <ul style="list-style-type: none"> · 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. · August 1, 2016: Rooming lists are due. After this date, rooms without individual names are subject to cancellation. · August 15, 2016: 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. Connections Housing, the official IMTS housing agency, will collect this amount on behalf of IMTS. | <p>For any rooms cancelled after August 15, 2016, 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, 2016.</p> <p style="text-align: center;">Amex MasterCard Visa Discover</p> <p style="text-align: center;">Check Payable to Connections Housing Check # _____</p> <p>Card #: _____ Exp. Date: _____ Name: _____ Signature: _____</p> |
|---|--|

RETURN FORM TO:

Fax:
404-601-7442

Mail:
 IMTS / Connections Housing
 950 Scales Road
 Bldg. 200
 Suwanee, GA 30024

Contact Information:

Phone: 888-740-IMTS (4687) or
 404-842-0000, 9:00 am - 6:00 pm EST, M-F
 E-mail: IMTS@connectionshousing.com