

HOSA Multiple Room Request Form

Contact Name: _____ Phone: _____

Email Address: _____ FAX: _____

Team Name/Chaperone name if different than Contact Name: _____

Conference Hotel _____

How will you be paying? Check Credit Card

****If you will be paying via Check, a Credit Card is still required. The Credit Card will be processed with one night room and tax per reservation and this will be refunded upon the check getting processed. Please attach the completed HOSA Check Distribution Form with the check when sending payment **Check Payments will not be accepted via mail after May 30th, 2017**. ****

Please fill out a separate section for each room requested and fax to 407-824-1980. Under additional names, provide the names of other adults or children in the room, including each child's age. Confirmation numbers will be sent to each individual's email address. If you are the Chaperone, and would like all the emails, please notate the email address above and write in Chaperone email in the spaces below. A one night deposit for each room will be taken at the time of booking. The last day to cancel without forfeiting the deposit is five (5) days prior to the arrival dates.

Guest Name: _____ Arrival Date: _____ Departure Date: _____

Credit Card: _____ Expiration Date: _____ Keep card on File? Yes No

Mail Address: _____

Additional Names: _____

Email Address: _____

Guest Name: _____ Arrival Date: _____ Departure Date: _____

Credit Card: _____ Expiration Date: _____ Keep card on File? Yes No

Mail Address: _____

Additional Names: _____

Email Address: _____

Guest Name: _____ Arrival Date: _____ Departure Date: _____

Credit Card: _____ Expiration Date: _____ Keep card on File? Yes No

Mail Address: _____

Additional Names: _____

Email Address: _____

Guest Name: _____ Arrival Date: _____ Departure Date: _____

Credit Card: _____ Expiration Date: _____ Keep card on File? Yes No

Mail Address: _____

Additional Names: _____

Email Address: _____