

# Exhibitor Housing Request Form

Long Term Care Medicine—2010 • Long Beach, CA • March 11-14, 2010

**Use only for Group Blocks of 10+ Rooms**

Company: \_\_\_\_\_

Contact Name\*: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

*\* The contact listed above is the only representative from your company authorized to request rooms or make changes*

## HOTEL PREFERENCE

Your hotel reservation will be made on a first-come, first-served basis. To ensure proper registration, please indicate your hotel preference.

HOTEL CHOICE	HOTEL	SINGLE	DOUBLE	SUITE
	<b>The Hyatt Regency Long Beach</b> 200 South Pine Avenue	<b>\$199</b>	<b>\$199</b>	<b>Starting at \$350</b>
	<b>Renaissance Long Beach Hotel</b> 111 East Ocean Blvd	<b>\$199</b>	<b>\$199</b>	<b>Starting at \$375</b>
	<b>Westin Long Beach</b> <b>333 East Ocean Blvd</b>	<b>\$199</b>	<b>\$199</b>	<b>Starting at \$450</b>

## REQUESTED ROOM BLOCK

Please provide a night-by-night breakdown of your requested room block. Use the actual arrival and departure dates for your block (see sample below):

Name	Room Type	Wednesday March 10	Thursday March 11	Friday March 12	Saturday March 13	Sunday March 14	Total Room Nights
<b>EXAMPLE</b>	<b>SINGLE</b>	<b>10</b>	<b>10</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>25</b>

**CREDIT CARD - Housing Requests must have a credit card to be confirmed.**

American Express    MasterCard    Visa    Diners Club    Discover

Name On Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Complete and return Page 2 as well)

