

# 141<sup>st</sup> Congress of Corrections • Kissimmee, Florida

## Hotel Reservation Request

**1. Gaylord Palms Resort and Convention Center**  
(ACA headquarter hotel) CODE: GAY

**2. Radisson Resort Orlando Celebration**  
(ACA overflow hotel) CODE: RAD

**Make your hotel reservation by reserving your room one of these easy ways:**

1. ACA Housing Online: [www.aca.org/housing](http://www.aca.org/housing)
2. Fax: 407-586-2259 or
3. Phone: 407-586-2000
4. Email: [floridainfo@gaylordhotels.com](mailto:floridainfo@gaylordhotels.com)
5. Mail: Gaylord Palms Resort and Convention Center  
6000 West Osceola Parkway  
Kissimmee, Florida 34746

\$176 Single/Double occupancy plus 13% tax/1% fee

1. ACA Housing Online: [www.aca.org/housing](http://www.aca.org/housing)
2. Email: [reservations@radissonroc.com](mailto:reservations@radissonroc.com)
3. Radisson Reservation Phones:  
800-333-3333 or 407-396-7000
4. Fax: 407-396-0097
5. Mail: Radisson Resort Orlando-Celebration  
2900 Parkway Blvd, Kissimmee, FL 34747

\$109 Single/Double occupancy plus 13% tax/\$5 fee

Request Code: 0811AMERCO to receive group rate

**Conference Dates: August 5-10, 2011**

**EXCEPT INTERNATIONAL REQUESTS TO THE GAYLORD, PLEASE USE THIS FORM FOR ALL OTHER REQUESTS. THOSE REQUESTS THAT ARE INCOMPLETE CANNOT BE PROCESSED.** Please keep a copy of this form for your records. **DO NOT MAIL A COPY OF THIS FORM AFTER MAKING RESERVATIONS ONLINE, E-MAIL, PHONE OR BY FAX. THIS MAY RESULT IN A DUPLICATE RESERVATION.** Acknowledges/Confirmations will be e-mailed, providing that an e-mail address is listed in the Attendee Information section of this form. Please photocopy this form for **EACH ROOM** you are requesting. All reservation **REQUESTS** must be directed to your individual hotel (Gaylord or Radisson) on or before **5:00 PM July 15, 2011**.

**ARRIVAL:** Day/Date: \_\_\_\_\_ **DEPARTURE:** Day/Date: \_\_\_\_\_

**SELECT TWO HOTELS:** Rooms are assigned first-come, first-served. If choices are not available, a room will be secured at a hotel based on availability and your preference of rate or proximity. **USE HOTEL CODES ONLY.** Hotel Codes Listed above.


**1<sup>st</sup> Choice** \_\_\_\_\_ **2<sup>nd</sup> Choice** \_\_\_\_\_ (Use hotel code above.)

**Please process this reservation according to (please check one):**  Comparable Room Rate  Closest to convention center/Emerald Bay room additional \$40

**ROOM INFORMATION:** Please provide names of all persons to occupy room and type of room. Only one room per form. Please make copies, if necessary. Room occupants are: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

SINGLE  DOUBLE (2ppl/1 bed)  DOUBLE/DOUBLE (2ppl/2 beds)  BOTH HOTELS ARE NON-SMOKING HOTELS

Note: Room type and special room requests based on availability at check in.

**SPECIAL REQUEST:**  I am in need of an ADA accessible room. I may need special assistance from hotel in event of an emergency. \_\_\_\_\_  
Other, please list: \_\_\_\_\_

**ATTENDEE INFORMATION: (REQUIRED)**

FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_ LAST NAME \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

AFFILIATION/COMPANY/ORGANIZATION \_\_\_\_\_

STREET ADDRESS OR P.O. BOX NUMBER \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

\*DAYTIME PHONE NUMBER \_\_\_\_\_ \*FAX NUMBER (\*if international, please indicate country and city code) \_\_\_\_\_

Check one: I am  Exhibitor  Attendee  Speaker  Guest

**ROOM GUARANTEE:** A guarantee equal to one night's stay per room is required to make a room reservation. The guarantee amount is payable by credit card. Requests received without a valid guarantee will be returned and will not be processed. Credit cards must be valid through September 2011, in order to be considered a proper guarantee. **Reservations must be cancelled at least 72 hours prior to your arrival date to avoid losing your room guarantee.** Reservations will be acknowledged within 72 hours once a reservation is made. Confirmations will be sent via e-mail from the individual hotel where your reservations have been made. If you do not receive an acknowledgement of your reservation within 7 days of sending in your form, please send an e-mail to your hotel (see hotel contact information above).

Check One:  Visa  MasterCard  AmEx

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*Credit Card Number (valid through September 2011)*

Exp. Date \_\_\_\_\_ Name on Credit Card (Please Print) \_\_\_\_\_ Signature (Required) \_\_\_\_\_ Date of Request \_\_\_\_\_

**CANCELLATIONS/CHANGES POLICY:** All reservation cancellations made less than 72 hours to your arrival will forfeit the room guarantee. Changes (other than cancellations) can be made up to the time of your arrival without a fee and based upon hotel availability.

**NOTE: ALL ENTERTAINING/MEETING SUITES must be reserved in advance through the ACA Office. Entertaining/meeting suite reservations will NOT be accepted by the individual hotels. To reserve a suite, contact the ACA Convention Department at (800) 222-5646, ext. 0016.**