ACA 2012 Winter Conference • Phoenix, Arizona
Hotel Reservation Request

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

1. Online: www.aca.org — click on WC Phoenix conference logo — ***THE FASTEST!***
2. Fax this form to: 602-256-5292 — must use this form and indicate hotel choice via code(s)
3. Email: hsgcoor@visitphoenix.com — must include this form via scan
4. Mail: ACA Housing Bureau, Greater Phoenix CVB, 400 East Van Buren Street, Suite 600, Phoenix, AZ 85004-2290

Questions: Please call the ACA 2012 voice message line at 602-452-6269, press for ACA 2012 and we will respond within 24 business hours.

1. Hyatt Regency Phoenix Hotel
ACA co-headquarter hotel — CODE: HRP
Rate: $190 • Tax: 13.27%

2. Sheraton Phoenix Downtown Hotel
ACA co-headquarter hotel — CODE: SHE
Rate: $224 • Tax: 13.27%

3. SpringHill Suites Phoenix Downtown Hotel
ACA overflow hotel — CODE: SHS
Rate: $165 • Tax: 13.27%

4. Hilton Suites Phoenix Hotel
ACA overflow hotel — CODE: HSP
Rate: $189 • Tax: 13.27%

Conference Dates: Jan 20-25, 2012

If you do not complete your hotel reservation online, please use this form for each hotel room requested. ***All written reservation REQUEST FORMS must be directed to the ACA 2012 Housing Bureau only, prior to 5:00 p.m. January 5, 2012.*** *Do not contact the hotel directly to make a room reservation. Please keep a copy of this form for your records. Any incomplete form cannot be processed. Do not email, fax or mail a copy of this form if you made a reservation online; this may result in a duplicate reservation. Acknowledgements are emailed and automatically generated within a few minutes of completion online to the email address provided for the guest on this form. One form for* ***EACH ROOM*** *requested.* ***Beginning on January 6, 2012, contact your individual hotel to book, change or cancel.***

ARRIVAL: **Day/Date:** _____ ***DEPARTURE:*** **Day/Date:** _____

SELECT THREE HOTELS (IN ORDER OF PREFERENCE): **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.**

1st Choice _____ _____ _____ ***2nd Choice*** _____ _____ _____ ***3rd Choice*** _____ _____ _____ ***(Use hotel code above.)***

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/KING** ❑ **DOUBLE (2 people/1 bed/king)** ❑ **DOUBLE/DOUBLE (2-4 people/2 beds)** ❑ **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*** ****CELL 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 WITH TAX** 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 February 2012, 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. If you do not receive an acknowledgement of your reservation within 7 days of sending in your form, check your spam before sending an e-mail to the ACA 2012 Housing Bureau at hsgcoor@visitphoenix.com.

Check One: ❑ ***Visa*** ❑ ***MasterCard*** ❑ ***AmEx*** ❑ ***Discover***

Credit Card Number (valid through February 2012)

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.**