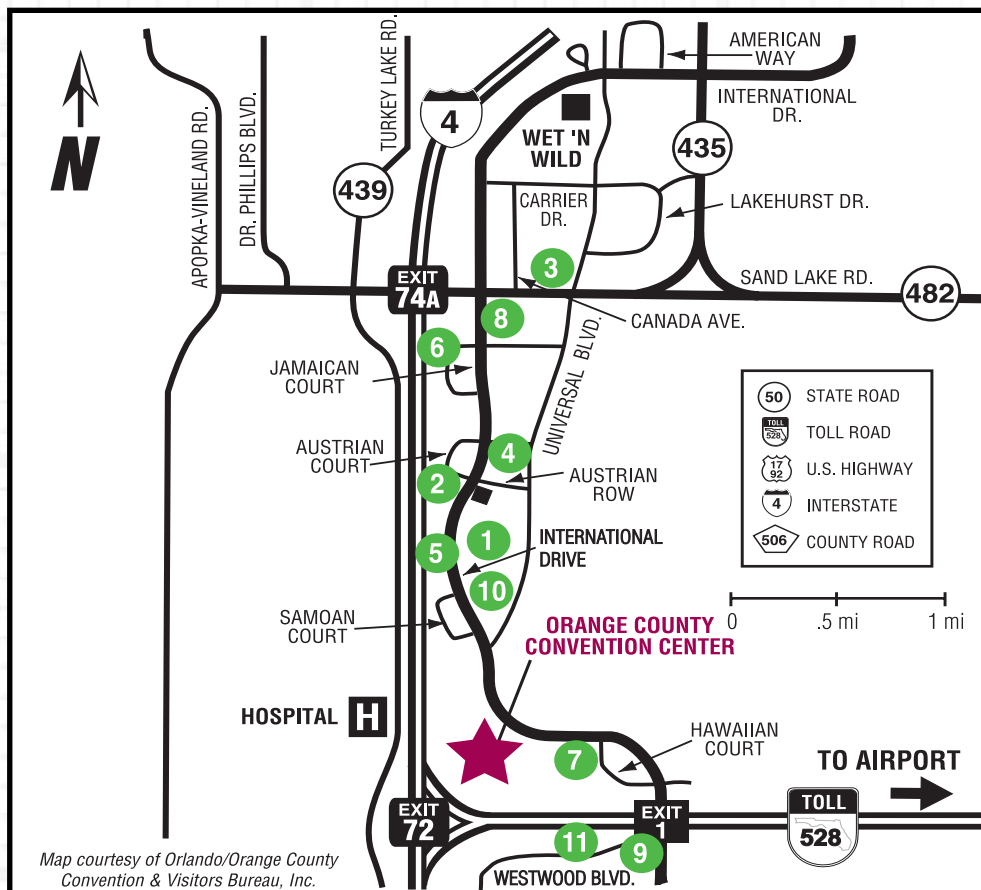


Hotels

Map Code	Hotel Code	Hotel	Single Rate	Double Rate	Extra Person	Suite Rate
1	AMR	AmeriSuites Tel. (407) 370-4720	\$109	\$109	N/A	All Suite Hotel
2	MAR	Courtyard Marriott Tel. (407) 351-2244	\$109	\$109	N/A	N/A
3	CWN	Crowne Plaza Resort Tel. (407) 239-1222	\$149	\$149	N/A	N/A
4	DBL	DoubleTree Castle Hotel Tel. (407) 345-1511	\$147	\$147	N/A	N/A
5	EMI	Embassy Suites International Drive Tel. (407) 352-1400	\$149	\$149	\$20	All Suite Hotel
6	EMJ	Embassy Suites Jamaican Court Tel. (407) 345-8250	\$159	\$159	\$20	All Suite Hotel
7	RSN	The Rosen Centre Hotel (Headquarter Hotel) Tel. (407) 996-9840	\$188	\$188	\$20	Starting at \$475
8	WYN	Wyndham Orlando Resort Tel. (407) 351-2420	\$129	\$129	\$10	N/A
9	SHR	Sheraton World Resort Tel. (407) 352-1100	\$132	\$132	\$20	N/A
10	HOM	Homewood Suites Tel. (407) 248-2232	\$129	\$129	N/A	All Suite Hotel
11	HAW	Hawthorn Suites Tel. (407) 351-6600	\$109	\$109	\$20	All Suite Hotel

NOTE: Rates listed do not include an 11% room tax plus occupancy tax. Tax rates current as of July 2003 and subject to change.



Shuttle Bus service is provided; see page 16 for details.

Hotel Reservation Request Form

The NASSP Housing Bureau will process hotel requests on a first-come, first-served basis. To request hotel accommodations in Orlando, please complete the following and return this form, with deposit, to the NASSP Housing Bureau. **TELEPHONE REQUESTS FOR HOUSING WILL NOT BE ACCEPTED.**

Please type or print legibly.

Reservation Name:

Last Name _____ First Name _____

Name of School or Organization _____

Mailing Address _____

City _____ State _____ Zip Code _____ Country _____

Daytime Telephone _____ Ext. _____ Fax _____

E-Mail _____

Reservation is for (select one): ☐ Gen'l Attendee ☐ Speaker ☐ Exhibitor/Vendor ☐ Other: _____

Choice of Hotel: From the chart shown on page 20, select four hotels of choice. Rooms are assigned on a first-come, first-served basis. If choices are not available, a room will be secured at a hotel based on your preference of rate or proximity. If all are sold out, a hotel will be assigned by a referral system determined by the NASSP Housing Bureau. **USE HOTEL CODES ONLY. Do not use numbers. (See hotel list on page 20 for codes.)**

1st Choice: ☐ ☐ ☐ 2nd Choice: ☐ ☐ ☐ 3rd Choice: ☐ ☐ ☐ 4th Choice: ☐ ☐ ☐

If hotel choices are sold out, which is more important? ☐ Room Rate ☐ Location

Arrival: Day/Date: _____ Time: _____ ☐ a.m. ☐ p.m.

Departure: Day/Date: _____ Time: _____ ☐ a.m. ☐ p.m.

Total Number of People in Room: _____

If sharing a hotel room, designate ONE person to complete this hotel request to the NASSP Housing Bureau to avoid duplication.

List additional occupant(s) sharing the same room:

1: _____ 3: _____

2: _____ 4: _____


Type of Accommodations Preferred:

Note: NASSP Housing Bureau cannot guarantee availability of room type. Hotel confirmation sent by the NASSP Housing Bureau will confirm type **requested**.

Type of Room: ☐ One Bed ☐ Two Beds **I Prefer:** ☐ Smoking ☐ Non-Smoking

Method of Payment for Housing Deposit (Purchase orders **NOT** accepted):

☐ **Check enclosed.** Make payable to NASSP Housing. (NASSP Tax ID#52-6006937)

 Mail to: NASSP Housing Bureau, P.O. Box 3250, Reston, VA 20195-1250

Return Completed Form To:

NASSP Housing Bureau
P.O. Box 3250, Reston, VA 20195-1250
Fax to: 703-476-5490

☐ **Credit Card**  Fax to: 703-476-5490 OR  Mail to: NASSP Housing Bureau, 1904 Association Drive, Reston, VA 20191-1537

Card Type: ☐ VISA  ☐ MasterCard  ☐ American Express 

Card # _____ Expiration Date (mo/yr) _____

Name of Cardholder (please print) _____

Signature (as it appears on card) _____

NOTE: Card will be charged \$195 when assigned hotel receives your reservation. Some hotels may choose to use the card as a guarantee; if so, there will be no deposit noted on your reservation or debited from your credit card.

b Please indicate here if you require assistance during the meeting: _____

Telephone Assistance, Convention Housing and Travel Information **800-253-7746**

To avoid duplication, please do not fax and mail this form.

IMPORTANT! Keep a copy of the form for your files.

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