

# SLAS2018 Group Hotel Reservation Authorization Form

**(10 or more sleeping rooms ONLY)**



This form is required for companies requiring ten (10) or more rooms at the either of the official SLAS2018 hotels. Please complete this form in its entirety and submit to Colleen Campbell via fax at +1-703-964-1246 no later than **November 14, 2017.**

If your company requires fewer than 10 rooms, please contact the hotel(s) directly to make your reservations. Visit <http://slas2018.org/conference/travel> for details.

**CONTACT INFORMATION:** *(The person below will be the contact person for all arrangements)*

Company Name/Group Name: \_\_\_\_\_

Main Contact First Name: \_\_\_\_\_ Main Contact Last Name: \_\_\_\_\_

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

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

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

**ROOM BLOCK INFORMATION**

Please enter the number of rooms that you are requesting each night.

This form is for groups of 10 or more guests only; individual reservations can be made with the hotels directly via information at <http://slas2018.org/exhibitors/housing>.

**Guest Rooming List:** To include individual names for each of these rooms, please attach a separate Excel sheet with the fields: First Name, Last Name, Email Address, Check-In Date and Check-Out Date. If you do not wish to provide individual names at this time, **please note individual names must be provided, directly to the hotel by November 14, 2017. Any rooms reserved without a name after this date will be released for general sale.** New reservations, **with names**, will be accepted up until January 4, 2018 if space is available.

Please enter the number of rooms you are requesting each night:

| Thursday<br>Feb. 1,<br>2018 | Friday<br>Feb. 2,<br>2018 | Saturday<br>Feb. 3,<br>2018 | Sunday,<br>Feb. 4,<br>2018 | Monday,<br>Feb. 5,<br>2018 | Tuesday,<br>Feb. 6,<br>2018 | Wednesday,<br>Feb. 7,<br>2018 | Thursday,<br>Feb. 8,<br>2018 |
|-----------------------------|---------------------------|-----------------------------|----------------------------|----------------------------|-----------------------------|-------------------------------|------------------------------|
|                             |                           |                             |                            |                            |                             |                               |                              |

Please indicate preferred\* room category and hotel preference:

- Marriott Marquis San Diego Marina (Headquarters Hotel)
  - \$273 + tax – King Bed/Single Occ.  \$273 + tax – Two Queens/Single or Double Occ.  Other
- Hilton San Diego Bayfront
  - \$272 + tax – King Bed/Single Occ.  \$272 + tax – Two Queens/Single or Double Occ.  Other

*\*if preferred category is not available, the next closest will be assigned.  
Please continue to page 2 for formal agreement.*

**AGREEMENT: I agree to the following terms of this agreement:**

1. **The initial hotel block requested for SLAS2018 cannot be more than 10% above final pick up from SLAS2017**, without group justification on why a larger block is being requested, such as larger booth contracted, additional poster presentations confirmed, additional speakers confirmed, more attendees registered, etc... This is subject to approval by SLAS at the time the authorization form is received.
2. The block of above has been requested but not confirmed. Upon completion of this form, SLAS will forward it onto the hotel as appropriate. You will then be contacted by the hotel directly confirming your reservation.
3. Rooms will be assigned on a first-come, first-served basis.
4. This signed form, when received by SLAS and confirmed by the hotel, will constitute your official room block.
5. The total room nights contained in a group block reservation may be reduced by the group by up to 15% **if received in writing** to the hotel directly on or before **November 14, 2017**.
  - a. This date is known as the Final Adjustment Date.
  - b. Should a group room block reservation be placed after November 14, 2017, no reduction will be allowed and the block as reserved at the time of initial booking will be considered the final contracted block.
6. Should the room nights utilized — on a cumulative basis — after the Final Adjustment Date fall below 85% of the initial reservation (block), the group agrees to be financially responsible for the unused room nights in the group reservation block up to 85% of the final contracted block. Financial responsibility will be determined by SLAS, not the hotel. The Group will be invoiced by SLAS directly.
7. Should the Group cancel the group room block at any point after the Final Adjustment Date, SLAS reserves the right to hold Group responsible for the total number of room nights reserved multiplied by the hotel room rates.
  - a. Cancellation is defined as the total non-use of the group room block.
  - b. Invoices will be sent immediately following the conference.
  - c. Payment will be due no later than thirty (30) days after date of invoice.
8. Early arrival/late departure dates may not be readily available, but SLAS will work with hotel to accommodate requests.
9. Hotel will confirm reservation requests within 72 hours of approval by SLAS
10. Reservations will not be accepted without a form of payment for guarantee of one night room and tax per room reserved. A deposit may be charged by the hotel directly prior to confirmation.
11. **Hotel must receive names for the reservations by November 14, 2017. Any rooms held without a name after this date will be released for general sale.**

Signature: Acting as Agent for Group

Date

**GUARANTEE:**

Please hold rooms for my company/group as indicated above. A credit card with a valid expiration date beyond February, 2018 is required to guarantee this request.

AMEX

MasterCard

Visa

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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

Please print name as it appears on card: \_\_\_\_\_

**This form is a fillable PDF. Please complete the fields above and use the 'Print' or 'Save As' commands to complete.**

**Print the form locally and fax to Colleen Campbell at + 1-703-964-1246.**

**Please do not email this form.**