

Housing Dates October 2&3, 2009; All Hotels Require Two-Night Stay; **No Cancellation**; Full Payment In Advance

GENERAL INFORMATION

HOW TO MAKE RESERVATIONS: Prior to the deadline, all reservation requests must be made through the Housing Bureau—not with individual hotels. Choose one of the following methods to make a room reservation request:

INTERNET: Book your reservation on-line at www.indy.org/conventions (Quickest Method)

PHONE: Book your reservation by calling 317-684-2573.

FAX: Send completed forms to (317) 684-2492

MAIL: Send completed form to ICVA Housing Bureau, POB 7248, Indianapolis, IN 46207-7248

PAYMENTS: Payments for room reservations can be made with credit card, check, or money order. A valid, credit card number must be provided to reserve rooms. If paying by check or money order, please make either payable to "Circle City Classic Housing Bureau". Total payment, both room nights plus tax, must be received by the housing bureau by September 4, 2009, or the reservation will be subject to cancellation. **ALL RESERVATIONS MADE ARE NON-REFUNDABLE.**

DEPOSIT/CANCELLATION POLICY: Please review carefully. A two-night minimum (plus tax) advance deposit is required for each room requested, by check, money order or valid credit card. If a credit card is found invalid at anytime after the reservation is made, the reservation will be immediately cancelled. A \$25 cancellation fee will be charged for reservations cancelled on or after July 31, 2009. Checks will be deposited and credit cards will be charged a two night minimum charge and processed on September 4, 2009. **THERE WILL BE NO REFUNDS GIVEN ON OR AFTER SEPTEMBER 4, 2009.**

Acknowledgements will be sent after each reservation booking, modification and/or cancellation. Review acknowledgements carefully for accuracy. If you do not receive an acknowledgement within 14 days after any transaction, please call the housing bureau at (317) 684-2573.

HOTEL INFORMATION

Requests will be processed on a first-come, first-serve basis. Please number your selections in order of preference (1-15). Failure to do so will result in a delay of reservation processing. If your choices are unavailable, you will be placed in the next available hotel property that meets your requirements. If sharing a room, please complete one housing form per shared room. If requesting more than two rooms, please provide a rooming list by Friday, August 14, 2009. Please allow two weeks for processing. This housing form may be duplicated. (AP=Airport, DT= Downtown)

Hotel Selections	Single	Double	Triple	Quad	Hotel Selections	Single	Double	Triple	Quad
___Adam's Mark Hotel (AP)	\$80	\$80	\$80	\$80	___Holiday Inn Express (DT)	\$165	\$165	\$175	\$175
___Crowne Plaza (AP)	\$80	\$80	\$80	\$80	___Hyatt Regency (DT)	\$159	\$159	\$159	\$159
___Crowne Plaza (DT)	\$159	\$159	\$159	\$159	___Marriott (DT)	\$169	\$169	\$169	\$169
___Days Inn (AP)	\$74	\$74	\$74	\$74	___Omni Severin Hotel (DT)	\$169	\$169	\$179	\$189
___Embassy Suites (DT)	\$179	\$179	\$179	\$179	___Radisson (AP)	\$80	\$80	\$80	\$80
___Hampton Inn (DT)	\$151	\$151	\$151	\$151	___Staybridge Suite (DT)	\$175	\$175	\$185	\$185
___Hilton Garden Inn	\$150	\$150	\$150	\$150	___Westin Hotel (DT)	\$169	\$169	\$169	\$169
___Hilton Indianapolis (DT)	\$173	\$173	\$173	\$173					

DELEGATE INFORMATION (Please type or print clearly)

Name on Reservation: _____

Guest(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Arrival Date: _____ Departure Date: _____ Number of Rooms: _____ Number of Nights: _____

Room Type: 1 Bed/1 Person 1 Bed/2 People 2 Beds/2 People 2 Beds/3 People
 2 Beds/4 People Sgl/Dbf Ste Trpl/Q Ste Rollaway

Special Requests: Smoking Non-Smoking Handicapped Other (Special requests are not guaranteed.)

PAYMENT INFORMATION

The Housing Bureau will not accept a reservation without a credit card guarantee, check, or money order.

Method of Payment: Check/Money Order Credit Card: Visa MC AMEX Discover

Credit Card Number: _____ Expiration Date: _____

Name of Cardholder: _____ Security Code: _____

Signature: _____

By signing I authorize my credit card to be charged in compliance with the above referenced cancellation policies should I cancel my reservation. If paying by check or money order, full payment, including tax will be due by September 5, 2008.

Check Number: _____ Amount: _____

Make checks payable to: Circle City Classic Housing Bureau • P.O. Box 7248 • Indianapolis, IN 46207-7248.