

HOUSING RESERVATION FORM

American Association of University Women

April 20-22, 2007

Deadline for Receipt by Bureau: March 11th, 2007

Return the completed form by mail, fax or complete reservations online.

Mail: Winston-Salem CVB
Services Department
200 Brookstown Avenue
Winston-Salem, NC 27101

Fax: 1.800.976.2282 or 336.721.2205
Online: www.visitwinstonsalem.com
For changes and questions e-mail:
hthomas@wscvb.com, 336.728.4237

The Winston-Salem CVB will process all housing reservations through March 11th, 2007.

- 1. Form must be completed in its entirety to be processed by the Housing Bureau.**
2. Only one form may be submitted per room and all occupants must be listed on the form.
3. Phone requests cannot be accepted.
4. Any changes or cancellations must be made in writing to the Housing Bureau by March 11th, 2007.
5. After the deadline all reservations, changes and cancellations must go directly through the hotel.
6. The hotel will accept reservations until 48 hours prior to arrival.
7. All rooms must be guaranteed with a credit card. Please provide accurate credit card information (Name on card, Type of card, Credit card number, and Expiration date). The credit card **will not** be charged prior to your check-in at the property. If paying by check, it **must** be submitted with this form to be processed.
8. Room rates below **do not include** the NC State sales and local occupancy taxes, which are currently 6.5% and 6% respectively.

Hotel Request: *Room type subject to availability*

___ Hawthorne Inn Single Double/Double
 ___ \$79 ___ \$79

Special Requests: Smoking Non-Smoking Wheelchair Access Other _____

ARRIVAL DATE: _____ **DEPARTURE DATE:** _____

Please print NAMES OF ALL OCCUPANTS in room:

SEND CONFIRMATION TO: (Please print clearly)

Name: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Fax: _____

TYPE OF ROOM REQUESTED & GUARANTEE DEPOSIT INFORMATION

___ Single ___ Double ___ Double/Double ___ Triple ___ Quad
(1 prsn. 1 bed) (2 ppl. 1 bed) (2 ppl. 2 beds) (3 ppl. 2 beds) (4 ppl. 2 beds)

Credit Card Type: (circle) AMEX DC DIS MC VI Expiration Date: _____

Card number: _____

Print name as it appears on the card: _____

Signature: _____

() check attached (**Payable to: WSCVB Housing Bureau**) Check # _____ Check Amount: \$ _____