

**OPENING/CLOSING DATES  
AND NUMBERS:**

**OPENING OCTOBER 1, 2000  
CLOSING MAY 4, 2001  
Internet: www.sbc.net  
Toll-free phone: 800-424-5250  
Fax: 800-521-6017**

**SBC Housing Coordinator at the  
Executive Committee in Nashville  
615-782-8612**



**OFFICIAL  
2001 SBC HOUSING  
REQUEST FORM**

**MAIL TO:**

**SBC HOUSING BUREAU  
108 WILMOT ROAD, SUITE 400  
DEERFIELD, IL 60015-0825**

**SBC Meeting Dates:  
June 12-13, 2001**

- PLEASE PRINT OR TYPE ALL ITEMS TO ASSURE ACCURACY. COMPLETE EACH PART FOR CORRECT PROCESSING.
- SHOULD MORE THAN ONE ROOM BE NEEDED, FORM MAY BE DUPLICATED
- KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

**PART I**

**INSTRUCTIONS: NAME OF PERSON REQUESTING ROOM MUST BE ONE OF THE INDIVIDUALS OCCUPYING ROOM.**

\_\_\_\_\_  
(FIRST NAME) (M.I.) (LAST NAME)

\_\_\_\_\_  
(STREET ADDRESS OR P.O. BOX NUMBER)

\_\_\_\_\_  
(CITY) (STATE) (ZIP)

\_\_\_\_\_  
(AREA CODE) (DAYTIME PHONE NUMBER) (AREA CODE) (FAX NUMBER)

**NON-SMOKING REQUEST**  
(NOT GUARANTEED)

(E-MAIL ADDRESS) \_\_\_\_\_

**PART II**

**INSTRUCTIONS: SELECT FOUR HOTELS OF YOUR CHOICE. GIVE NAME OF HOTEL AND MAP CODE.  
WHEN MAKING SELECTION, WHICH IS MOST IMPORTANT TO YOU  PRICE OR  LOCATION?**

1ST CHOICE \_\_\_\_\_ MAP CODE \_\_\_\_\_ 2ND CHOICE \_\_\_\_\_ MAP CODE \_\_\_\_\_  
(HOTEL NAME) (HOTEL NAME)

3RD CHOICE \_\_\_\_\_ MAP CODE \_\_\_\_\_ 4TH CHOICE \_\_\_\_\_ MAP CODE \_\_\_\_\_  
(HOTEL NAME) (HOTEL NAME)

**PART III**

**INSTRUCTIONS: LIST NAMES OF ALL PERSONS OCCUPYING ROOM, INCLUDING INDIVIDUAL IN PART I.  
SELECT TYPE ROOM DESIRED AND ARRIVAL/DEPARTURE DATES. ONE ROOM PER FORM.**

<p><b>OCCUPANTS' NAMES</b> (Please note that additional charges may apply to third or fourth person occupying the room) PLEASE PRINT AND INDICATE AGE, IF CHILD.</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p>	<p><b>Check room type desired (Not guaranteed)</b></p> <p><input type="checkbox"/> Single (1 bed/1 person)</p> <p><input type="checkbox"/> Double (1 bed/2 persons)</p> <p><input type="checkbox"/> Double/Double (2 beds/2 persons)</p> <p><input type="checkbox"/> Triple (2 beds/3 persons)</p> <p><input type="checkbox"/> Quad (2 beds/4 persons)</p>	<p>Arrival Date: _____ (Check in after 4:00p.m.)</p> <p>Departure Date: _____ (Check out 12:00 noon)</p> <p>Other: _____</p>
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**PART IV**

All reservations are being coordinated by the New Orleans Metropolitan Convention and Visitors Bureau/SBC Housing Bureau. Arrangements for housing must be made through the SBC Housing Bureau and **NOT** directly with hotels. All housing reservation forms must be received by Friday, May 4, 2001.

**DEPOSIT:** A \$100 per room deposit is required to make a reservation. The deposit amount is payable by credit card or check (mail only). **THE CREDIT CARD WILL BE CHARGED IMMEDIATELY.** If paying by check, mail your payment with this completed housing form. All checks must be made payable to the SBC Housing Bureau in US funds drawn on a US bank. No wire transfers will be accepted. Check here if you are enclosing a check with this form:

**CREDIT CARD AUTHORIZATION:** The SBC Housing Bureau is authorized to use this card information to assess a \$100 deposit on my hotel room. See changes/cancellations regarding deposit forfeiture.

Card Type:  American Express  Master Card  Visa  Diners Club  Discover Expiration Date: \_\_\_\_\_

Card Number: \_\_\_\_\_ Cardholder's Printed Name & Signature: \_\_\_\_\_

