



AUGUST 20 – 23, 2016

**OFFICIAL HOTEL RESERVATION
DEADLINE IS AUGUST 2, 2016**

You should receive an acknowledgement within 72-hours. If you do not, please contact Connections Housing at 800-262-9974 or 404-842-0000.

Send Confirmation to:

Name: _____
 Company: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____
 Mobile Phone: _____
 Fax: _____
 Email: _____

SPECIAL REQUESTS

I am in need of an ADA accessible room. I may need special assistance to exit the hotel in event of an emergency. **If selected, a Connections Housing representative will contact you.**

- Hearing
- Mobile
- Visual
- Other (e.g.: no feather bed, etc.)

Email: ASAHousing@ConnectionsHousing.com

Online: www.asanet.org / Phone: 404-842-0000 or 1-800-262-9974 / Fax: 678-730-5645

Hotel	Single/Double Occupancy	Triple/Quad Occupancy
<input type="checkbox"/> Sheraton Seattle Hotel (2) (SOLD OUT)	\$227.00/ \$227.00	\$252.00 / \$277.00
<input type="checkbox"/> Crowne Plaza Hotel Seattle (2) (SOLD OUT)	\$215.00 / \$215.00	\$225.00 / \$235.00
<input type="checkbox"/> Grand Hyatt Seattle (3) (SOLD OUT)	\$227.00/ \$227.00	\$237.00 / \$247.00
<input type="checkbox"/> Hilton Garden Inn Seattle Downtown (2) (SOLD OUT)	\$239.00 / \$239.00	\$249.00 / \$259.00
<input type="checkbox"/> Hilton Seattle (1) (SOLD OUT)	\$219.00 / \$219.00	\$244.00 / \$269.00
<input type="checkbox"/> Hotel Monaco (2)	\$249.00 / \$249.00	\$269.00 / \$289.00
<input type="checkbox"/> Motif Seattle Hotel (2) (SOLD OUT)	\$215.00 / \$215.00	\$235.00 / \$255.00
<input type="checkbox"/> Renaissance Seattle (2) (SOLD OUT)	\$239.00 / \$239.00	\$249.00 / \$259.00
<input type="checkbox"/> Westin Seattle (1)	\$289.00 / \$289.00	\$319.00 / \$349.00

(1)=Union Hotel / (2)=Non-Union Hotel / (3)=Non-Union hotel and on Unite Here Boycott List

Room #1 Guest Name: _____ Sharing with: _____ Arrival date: _____ Departure Date: _____ *Smoking Preference: ____ Non-smoking / ____ Smoking *# of beds: (1 / 2)** # of people in room: (1 / 2 / 3 / 4)	Room #2 Guest Name: _____ Sharing with: _____ Arrival date: _____ Departure Date: _____ *Smoking Preference: ____ Non-smoking / ____ Smoking *# of beds: (1 / 2)** # of people in room: (1 / 2 / 3 / 4)
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* Smoking preference and number of beds are requests only, and cannot be guaranteed. DEPOSIT INFORMATION Guarantee with credit card valid through August, 2016:

Card Number: _____ Exp Date: _____ Name on card: _____

Signature: _____

A credit card will be required at the time of check in unless pre-payment has been made in advance.