

HOTEL REGISTRATION FORM

All hotel requests are processed on an availability basis.

APWA CONGRESS HOTELS

Stay at one of the official Congress hotels and save on lodging. APWA has negotiated great rates for all attendees at the hotels listed below.

1. **Hyatt Regency Phoenix**
\$139 USD single/double*
2. **Sheraton Phoenix Downtown**
\$145 USD single/double*
3. **Renaissance Phoenix Downtown**
\$139 USD single/double*

*All rates are per room and are subject to 12.3% tax (subject to change.). Additional guest charges may apply.

INTERNET RESERVATIONS

Visit the following web site:

<https://aws.passkey.com/event/13628419/owner/14227/landing>

FAXED RESERVATIONS

Faxed reservations should be faxed to 678-623-8887

PHONE RESERVATIONS

Call 800-262-9974. Please state your hotel preference and refer to APWA Congress.

MAILED RESERVATIONS

To make your reservations by mail, send to:
Attn. APWA HOUSING BUREAU
950 Scales Road, Building 200
Suwanee, GA 30024

ACKNOWLEDGEMENTS

You will receive an acknowledgement of your reservation within 48 hours after processing your reservation. Please review all information for accuracy. If you do not receive your confirmation, e-mail APWA@connectionshousing.com.

MAKING RESERVATIONS

To take advantage of the special APWA rates, please make your reservations online, phone, or fax by July 15, 2015. After this date, the discounted APWA rates may no longer be available.

SUITES

Suites must be requested in writing via e-mail at APWA@connectionshousing.com. Suite rates are significantly higher than standard room rates. All suites are subject to APWA approval.

CANCELLATIONS

Any reservation cancelled within 72 hours of arrival or if guest fails to check in (no show) will result in a one night room and tax penalty.

CHANGES

Changes can be made online or by phone up to the day of your arrival. Provide your confirmation number and/or name.

Reserving your room online is the fastest and most efficient method.

If faxing this form, send one form per room request.

1. GUEST INFORMATION

First Name _____ Last Name _____

Company _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Phone _____

E-mail Address _____

2. HOTEL SELECTION

Please write out hotel name below.

First _____

Second _____

ARRIVAL DATE: _____ DEPARTURE DATE: _____

ADDITIONAL OCCUPANTS Additional Occupant's Name(s) if sharing the same room:

Single – 1 person Double – 2 people Triple – 3 people Quad – 4 people
 one bed two beds

3. SPECIAL REQUESTS

Special reservation requests cannot be guaranteed, however, hotels will do their best to honor all special requests.

Do you have any physical challenges of which the hotel should be aware? List special or other needs:

4. DEPOSIT INFORMATION

Rooms will not be held without a valid credit card number.

Visa MC _____ Credit Card Number _____ Expiration Date

AmEx Disc _____
Name of Card Holder

Authorized Signature