Hotel Reservation Form

AOTA® The American Occupational Therapy Association, Inc.

2012 Annual Conference & Expo, Apirl 26–29, Indianapolis, IN

Deadline for housing: Friday, March 30, 2012

Please type form or print clearly. Complete one form for each sleeping room required.

Contact Information

Name _____

Address _____

City/State _____

Postal Code _____ Country _____

Day phone _____

Fax _____

E-mail Addess _____

Hotel Room Request

1st-choice hotel _____

2nd-choice hotel _____

3rd-choice hotel _____

Arrival date _____ Departure date _____

Room type ☐ Single (1 bed, 1–2 people) ☐ Double (2 beds, 2 people)
☐ Triple (2 beds, 3 people) ☐ Quad (2 beds, 4 people)
☐ Other: Please describe _____

Number of rooms _____ Number of people _____

Sharing with _____

Age(s) of children sharing room _____

Room Type Requests: ☐ Non-Smoking ☐ Smoking
☐ Roll-away Bed (restrictions apply)

☐ **Accessible Accommodations**

Accessible sleeping rooms are limited, and their configurations vary. Please check all accommodations you are requesting:

☐ Roll-in shower with rolling shower chair

☐ Transfer tub bench for standard tub

☐ TDD kit (includes light-activated alarm system)

☐ Non-smoking room secondary to respiratory or allergy concerns

☐ Please identify any other special hotel requirements:

_____

_____

Reservation requests are filled on a first-come, first-served basis. Hotel rates do not include local taxes, which are 17% per room, per night. (Tax rate subject to change.)

Payment Information

☐ MasterCard ☐ VISA ☐American Express ☐ Discover ☐ Diners Club

Card number _____ Expiration date _____

Name on credit card _____

Signature _____ Date _____

Sleeping room reservations require $175 per room deposit. See online instructions for details and cancellation policy.

Submit completed form to:

Fax: 317-262-8270

Mail: AOTA Housing
200 South Capitol Ave., Suite 300
Indianapolis, IN 46225-1063

Important note: Hotel acknowledgements will be sent from AOTA Housing.