

Hotel Room Block Request Form



54th ASHP Midyear Clinical Meeting & Exhibition | December 8–12, 2019 | Mandalay Bay Convention Center | Las Vegas, NV

IMPORTANT DEADLINES

- October 3, 2019** A complete rooming list with names and guarantee for each reservation must be submitted for all blocks held. Any rooms not reserved will be released. Requests for additional rooms will be based on availability.
- November 7, 2019** Final cut-off date for reservations.

THREE WAYS TO SUBMIT YOUR ROOM BLOCK REQUEST (Do not mail to ASHP)

FAX 801-355-0250 **EMAIL** ASHP@orchid.events **MAIL** Orchid.Events | 175 S. West Temple, Suite 30 | Salt Lake City, UT 84101

CONTACT INFORMATION

Name: _____
 Company: _____ Booth #: _____
 Address: _____
STREET CITY STATE ZIP COUNTRY
 Daytime Phone: _____ Fax: _____ E-mail: _____

An acknowledgment of your room block will be sent directly to you by Orchid.Events. Please review all information for accuracy. You will not receive a confirmation from your hotel.

For EEA exhibitors, sponsors and attendees: In accordance with GDPR (General Data Protection Regulation) by checking this box you are consenting to Orchid-Event's and ASHP's use of the information solely for the purpose of making and communicating to you about your hotel room reservations and related services.

HOTEL PREFERENCE

Hotel and room type preferences will be honored to the extent accommodations are available. Refer to the hotel map for rates and locations.

First Choice: _____ Second Choice: _____
 Third Choice: _____ Fourth Choice: _____

If we are unable to secure your entire block in your first choice hotel, please (check one):

- Reserve all rooms in next available hotel Split the block between the hotels listed

If all four (4) choices are unavailable, please process this reservation according to the above and based on (check one):

- Comparable Room Rate Proximity to Mandalay Bay Convention Center

Comments: _____

ROOM BLOCK

Room block flow must be based on previous year's final room night pickup.

Exhibitor Day/Date	Move In Friday 12/6	Move In Saturday 12/7	Move In Sunday 12/8	Show Monday 12/9	Show Tuesday 12/10	Show Wednesday 12/11	Move Out Thursday 12/12	TOTAL
# of Rooms								

Check if additional accommodation types are requested* 1 or 2 Bedroom Suite Hospitality Suite

* Orchid.Events will contact you for additional information.

Special Requests: _____

Hotel will honor special requests to the extent possible but requests are not guaranteed. Hotel will assign specific room types upon check-in based on availability. Suite availability and rates are available through Orchid.Events. Please email ASHP@orchid.events, call 877-505-0675, or mark the appropriate box above and we will send additional information.

ROOM BLOCK POLICIES

Hotel room blocks are for qualified exhibitors, sponsors, and/or approved attendee groups. Qualified exhibitors or sponsors must have submitted a contract for exhibit space or sponsorship prior to requesting hotel rooms. All reservations must be made through ASHP and are subject to ASHP's approval. All personnel must be registered for the meeting in order to receive the convention rate. Any company or attendee groups who do not adhere to these procedures may be subject to denial of exhibit space, hotel rooms, and/or request for meeting space at future ASHP meetings.

RESERVATION GUARANTEE

Room block requests will be reviewed and approved based on previous year's (2018 Midyear Clinical Meeting) final room night pickup. All rooming lists must be accompanied by individual credit card guarantee for one night's room and tax deposit. Tax is currently 13.38% (subject to change). Reservations received without a valid guarantee/deposit will not be processed.

CANCELLATIONS/CHANGES

Cancellations and changes to the names of occupants or arrival and departure dates must be made directly with Orchid.Events. Cancellations after October 3, 2019 will be subject to a \$75.00 cancellation processing fee, per reservation. If a cancellation occurs within 2 to 7 days (depending on hotel) of arrival date the deposit of one night's room and tax will be forfeited entirely. Please refer to your hotel's individual cancellation policy found on your acknowledgment letter. Cancellations and changes can be emailed to ASHP@orchid.events.

Please sign to indicate you are in agreement with the above outlined policies and procedures related to reserving a room block.

Signature _____ Date _____

Please keep a copy of this form. Make additional copies if needed.