

Hotel Room Block Request Form



56th ASHP Midyear Clinical Meeting & Exhibition

December 5–9, 2021 | Orlando, Florida | Orange County Convention Center West Building

IMPORTANT DEADLINES

- October 1, 2021** 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 5, 2021** 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: _____

City: _____ State: _____ Zip/Postal Code: _____ 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.

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

4th Choice: _____

5th 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 five (5) choices are unavailable, please process this reservation according to the above and based on (check one):

- Comparable Room Rate Proximity to Convention Center

Comments: _____

ROOM BLOCK

Room block flow must be based on previous year's final room night pickup and subject to ASHP's approval.

<i>Exhibitor</i>	<i>Move In</i>	<i>Move In</i>	<i>Move In</i>	<i>Show</i>	<i>Show</i>	<i>Show</i>	<i>Move Out</i>	
Day/Date	Friday 12/3	Saturday 12/4	Sunday 12/5	Monday 12/6	Tuesday 12/7	Wednesday 12/8	Thursday 12/9	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 the 2019 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 12.5% (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 1, 2021 will be subject to a \$75.00 cancellation processing fee, per reservation. If a cancellation occurs within 2 to 5 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 should 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.