

Hotel Reservation Form



59th ASHP Midyear Clinical Meeting & Exhibition

December 8-12, 2024 | New Orleans, Louisiana | Ernest N. Morial Convention Center

IMPORTANT DEADLINE—REGISTER EARLY!

Reservations will be accepted by Orchid.Events until **November 8, 2024** at 7 p.m. Eastern Time (ET) or until the group block is sold out, whichever occurs first. After this date, reservations will be made based on availability and hotels may charge higher rates.

You must be registered for the meeting in order to reserve a hotel room at the convention rate.

FOUR WAYS TO RESERVE YOUR HOTEL ROOM — DO NOT MAIL TO ASHP

ONLINE

midyear.ashp.org

PHONE

877-505-0675 | 801-505-4613
9:00 a.m.–7:00 p.m. ET, Monday–Friday

FAX

801-355-0250
ASHP@orchid.events

MAIL

ASHP/Orchid Events
6905 S. 1300 E. #220, Cottonwood Heights, UT 84047

GUEST INFORMATION

Arrival Date: _____ Departure Date: _____

First Name: _____ Last Name: _____

Employer/School: _____ E-mail: _____

Phone: _____ Fax: _____

Address: _____

STREET

CITY

STATE

ZIP

An acknowledgment of your room reservation 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 the 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 reservations and related services.

HOTEL PREFERENCE

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

First Choice: _____ Second Choice: _____

Third Choice: _____ Fourth Choice: _____

If all four (4) choices are unavailable, please process this reservation according to (check one): Comparable Room Rate Proximity to Ernest N. Morial Convention Center

ROOM TYPE

Please check one. Additional fees may apply to third and fourth occupants. Submit only one room request per form. Make extra copies if needed.

Single (1 person/1 bed) **DBL** (2 persons/1 bed) **DBL/DBL** (2 persons/2 beds) **Triple** (3 persons/2 beds) **Quad** (4 persons/2 beds) **Suite***

List all room occupants: _____

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 call 877-505-0675 or 801-505-4613 or email ASHP@orchid.events.

RESERVATION GUARANTEE

All reservation requests must be accompanied by a credit card guarantee or check for one night's room and tax deposit. Tax is currently 16.2%, plus \$1-\$3 per room per night occupancy fee (subject to change). Hotel forms received without a valid guarantee/deposit will not be processed. Faxed/emailed requests will require a valid credit card. Check deposits must be mailed with a completed hotel form.

Call me for a valid credit card guarantee

Orchid.Events or any one of the participating hotels may charge the credit card for each Room Deposit in accordance with the policies and information provided herein no sooner than November 8, 2024. If the charge to the credit card is denied, we reserve the right to release your reservation.

Check deposit is enclosed (check deposits must be received by October 11, 2024)

If paying by check, make check payable to Orchid.Events and mail payment with hotel reservation form to above address. Check should be in U.S. funds drawn on a U.S. bank. Wire transfers will not be accepted.

CANCELLATIONS/CHANGES

Cancellations made after November 8, 2024 will be subject to a \$75.00 processing fee per reservation. Cancellations made within 2 to 7 days (depending on hotel) of arrival date will be charged one night's room and tax. Please refer to your hotel's individual cancellation policy found on your acknowledgment letter. All cancellations and changes to the names of occupants or arrival and departure dates must be made directly with Orchid.Events via email to ASHP@orchid.events.

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

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