

Hotel Room Block Request Form



60th ASHP Midyear Clinical Meeting & Exhibition

December 7-10, 2025 | Las Vegas, Nevada | Mandalay Bay Convention Center

IMPORTANT DEADLINES

OCTOBER 9, 2025 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 13, 2025 Final cut-off date for reservations.

THREE WAYS TO SUBMIT YOUR ROOM BLOCK REQUEST — DO NOT MAIL TO ASHP

You may also submit [ONLINE](#).

EMAIL
ASHP@orchid.events

FAX
801-355-0250

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

CONTACT INFORMATION

Name: _____

Company: _____ Booth #: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

An acknowledgement 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.Events 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 list and map for rates for rates and location.

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 the Mandalay Bay Convention Center

Comments: _____

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ROOM BLOCK

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

EXHIBITOR DAY/DATE	MOVE IN FRI 12/5	MOVE IN SAT 12/6	MOVE IN SUN 12/7	SHOW MON 12/8	SHOW TUE 12/9	SHOW WED 12/10	MOVE OUT THU 12/11	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 group who does 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 2024 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% occupancy tax per night (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 9, 2025 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 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.

Orchid.Events is the ONLY ASHP designated housing provider for the 2025 ASHP Midyear Clinical Meeting. Beware of unauthorized housing companies who have been approaching ASHP attendees and exhibitors offering hotel reservations via unauthorized or even sham websites, e-mail communications, and phone calls. These companies are in no way affiliated with ASHP, the Midyear Clinical Meeting, or Orchid.Events. Neither ASHP nor Orchid.Events can verify the authenticity of these companies or the reservations.

