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| Group Hotel Block Request Form  You must require a **minimum of 7 rooms** in order to secure a group hotel block with this form. If you registrant count is fewer than 7, please complete the regular online registration form instead. ***Please read the following instructions.***  Complete all sections of this form before submitting. You will receive an e-mail once your hotel block is assigned, along with a group code specific to your block. Be sure to register members of your group for the conference/EXPO online. Simply enter the group code in the hotel section of each registration. Alternatively, if you choose to register the group immediately, skip the housing section and add the group code to the registrations later once received. **All conference/EXPO registrations and hotel bookings for your group should be completed no later than Thursday, August 17, 2017.**  **This form must be faxed to 514-360-1049. Forms will not be accepted by email; our secure server will reject any emails with credit card information.** |

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| **1. Main Contact Information** | | | | | | | | | | | | | | | | | |
| Contact’s First Name : | | | |  | | | | Contact’s Last Name : | | |  | | | | | |
| Organization: | |  | | | | | | | | | | | | | | | | |
| Address: | |  | | | | | | | | | | | | | | | | |
| City: |  | | | | | | State/Country: | | |  | | | | Zip/Postal Code: | |  | | |
| Daytime phone number: | | | | |  | Extension: | | |  | | | |  | |
| Contact’s Email: | | |  | | | | | | | | | Are you attending Annual Meeting? [ ] Yes [ ] No | | | | | | | |

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| **2. Room Requirements**  Please indicate the number of rooms needed per night. Please be respectful and do not overcommit the number of rooms so that space may be available for  other members. |

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|  | **SATURDAY**  **OCTOBER 28** | **SUNDAY**  **OCTOBER 29** | **MONDAY OCTOBER 30** | **TUESDAY**  **OCTOBER 31** | **WEDNESDAY NOVEMBER 1** | **THURSDAY**  **NOVEMBER 2** | **TOTAL**  **ROOM NIGHTS** |
| King Bed |  |  |  |  |  |  |  |
| 2 Doubles |  |  |  |  |  |  |  |
| Suites |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |
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| **3. Hotel Choice** |

Please use attached hotel map and listing to make your selections or use map/listing at **LeadingAge.org/AnnualMeeting.** Reservations are processed on a first-come, first-serve basis. Note: Due to limited availability at the New Orleans Hilton Riverside (HQ) and the New Orleans Marriott (co-HQ), please indicate at least 3 of the 4 choices from other hotels in the block.

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| Hotel Choice # 1 |  | Hotel Choice # 2 |  | Hotel Choice # 3 |  | Hotel Choice # 4 |

Should all hotel choices be unavailable please process reservation according to \_     \_ Similar Rate \_     \_\_ Similar Location \_     \_ Do not book

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| **4. Payment/Authorization**  A credit card guarantee is required to process group requests. Cards must be valid through November 2017. Please complete the information below; your signature is required to process this *Group Hotel Block Request Form.* |

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| (Choose one)  VISA  Master Card  AMEX |

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|  |  |  |  |  | / |  |

Card Number Expiration date

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|  |

Billing Address

|  |  |
| --- | --- |
|  |  |
| Name of Cardholder (please print) | Signature required, authorizing charge for cancellation and acknowledging policies (see page 2) |

PLEASE BE SURE TO COMPLETE ALL FOUR SECTIONS OF THIS FORM AND SIGNED HOUSING AGREEMENT BEFORE SUBMITTING  
Tel: 514-228-3145/ Fax: 514-360-1049

Group Housing/Hotel Policies

Housing Information and Instructions

* A dedicated Group Housing Concierge has been assigned to assist groups with block requests and book group reservations. Please contact the group concierge at the email address or phone number indicated below for assistance with group reservations. Please note that reservations cannot be accepted by phone. You will receive an e-mail once your block is booked.
* Complete the Group Housing Request Form **for requests of 7 or more sleeping rooms** and submit to the LeadingAge Group Housing Concierge.
* Groups of 25 rooms or more require approval by LeadingAge. You may be contacted for additional information before receiving confirmation.
* All group requests received will be assigned on a first come, first serve basis. Due to limited availability, please indicate **4 choices from hotels in the block** in section 3 of the group request form.
* In the eventuality that the group’s preferred hotels are sold out, the group will be assigned another hotel based on the preference indicated in section 3 of the group request form. Please specify your group preference: Rate, Location or Do Not Book.
* Each group request requires a valid credit card number as guarantee. Credit cards will not be charged a deposit and will only be charged by the housing bureau if cancellation fees apply. Please see cancellation policy below.
* **Please do not send credit card information by email. This form must be faxed to 514-360-1049. Forms will not be accepted by email. Our secure server will reject emails with credit card information.**
* **All individuals must register for the LeadingAge Annual Meeting & EXPO by August 17, 2017, 5pm EST. The group code should be use to assign the hotel to each registrants record by entering it during the registration process or by sending a rooming list to the Group Housing Concierge. After August 17th, any rooms without names will be automatically released by the Housing Bureau.**
* All reservation changes and cancellations must be made in writing directly to Group Housing Concierge/Housing Bureau. Hotel reservation cancellations received after August 17 will be charged a $125 processing fee.
* Only the main contact person indicated in section 1 of the group form is authorized to manage the group block and book reservations for the group members.

**Cancellation Policy**

Due to hotel policies, associations are now held financially responsible for hotel rooms reserved but not actually occupied. To save LeadingAge from penalty fees, it is imperative that groups reserve hotel rooms realistically and cancel with as much notice as possible.

* The group cancellation deadline is August 17, 2017. All reductions to the reserved room block must be submitted to the group concierge/housing bureau no later than August 17th. Any reduction or cancellation received after August 17, 2017 will be charged a $125 cancellation fee.
* Cancellations and changes must be submitted to the group concierge/housing bureau through October 19, 2017. After October 19 changes and cancellations must be submitted directly to your hotel. A one night room and tax cancellation fee will be charged by the hotels for cancellations received after October 19.
* All registration cancellations will automatically result in cancellation of the individual hotel reservation. Substitutions will be accepted if received at the time of cancellation. Cancelled rooms cannot be reinstated.

**On behalf of the Group, I have read and agree to abide by the terms as stated in the above Housing Instructions and Cancellation Policy.**

**Print Name: \_\_**     **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_**     **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone #: \_\_**     **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail: \_\_**     **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FAX Forms and Credit Card Guarantee to:**

##### LeadingAge 2017 Housing Bureau

**c/o Showcare Event Solutions**

Tel: 514-228-3145/ Fax: 514-360-1049