

# HOTEL RESERVATION FORM

Booking a hotel does not register you for the Convention. Please submit your registration form to ICSC.

You MUST select three (3) hotels. You must complete one form for every room you are trying to reserve. List your choices in order of preference. Don't see your favorite hotel? Just indicate it as your first choice on your completed form, fax it in, and we will contact you with the most current available rate.

1. \_\_\_\_\_ Rate \_\_\_\_\_  
2. \_\_\_\_\_ Rate \_\_\_\_\_  
3. \_\_\_\_\_ Rate \_\_\_\_\_

## TYPE OF DESIRED ACCOMODATIONS

**IMPORTANT**  If you are requesting a suite and intend to use it for leasing purposes and would like to be listed as such in the program directory, please check here. Note: Your request must be received by March 17, 2006.

Single Occupancy (1 adult in room)     Double Occupancy (2 adults in room)     Junior Suite     1 Bedroom Suite     2 Bedroom Suite

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Business Telephone \_\_\_\_\_ Fax Number \_\_\_\_\_ E-Mail \_\_\_\_\_

Arrival Date \_\_\_\_\_ Departure Date \_\_\_\_\_  Smoking  Nonsmoking

Special Requests \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If double room, please list second person's name:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

This form completed by: Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Business Telephone \_\_\_\_\_ Email \_\_\_\_\_

**NOTE: SATURDAY ARRIVALS ARE LIMITED IN LAS VEGAS. IN SOME CASES, SATURDAY NIGHT IS AT A HIGHER RATE.  
CANCELLATIONS MADE WITHIN 2 WEEKS OF THE DATE OF ARRIVAL WILL BE CHARGED 1 NIGHT'S ROOM AND TAX.**

My credit card to guarantee my reservation is:

MasterCard     VISA     AMEX     Diners     Discover

Name (as it appears on credit card) \_\_\_\_\_ Signature \_\_\_\_\_

Credit Card Number (include all digits) \_\_\_\_\_ Expiration Date (must expire after May 2006) \_\_\_\_\_

If I have not filled in a credit card guarantee, my check for \$240 (payable to DePrez Travel) is enclosed with my completed form. I understand that my confirmed hotel may require the balance of the first night's room and tax and that I will be billed for that amount by DePrez. Any changes or cancellations must be made in writing to DePrez Travel by April 11, 2006. **PLEASE CHOOSE ONLY ONE OF THE OPTIONS LISTED ABOVE TO SUBMIT YOUR CHANGE OR CANCELLATION.**

## RETURN TO:

DEPREZ TRAVEL BUREAU, INC.  
ICSC Travel Desk  
145 Rue de Ville, Rochester, NY 14618

TOLL FREE: (888) 427-2885 (888 ICSC TVL)

OR: (585) 442-8856  
(M-F 8:00 am – 5:30 pm EST)

INTERNATIONAL: 001 585 442 8856

FAX: (585) 442-8934

EMAIL: [icsctravel@depreztravel.com](mailto:icsctravel@depreztravel.com)

NOTE: If your form is faxed, please do not send original.

Please photocopy form as needed.