HOTEL RESERVATION FORM

MAY 20-23, 2007

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 _____

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

NOTE: If your form is faxed, please do not send again, you risk having a duplicate reservation made.
Please photocopy form as needed.

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 19, 2007.

☐ 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 2007)

☐ If I have not filled in a credit card guarantee, my check for $260 (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 10, 2007. **PLEASE CHOOSE ONLY ONE OF THE OPTIONS LISTED ABOVE TO SUBMIT YOUR CHANGE OR CANCELLATION.**