



NBPTS 2009 CONFERENCE ■ HOUSING FORM

ATLANTA, GEORGIA ■ JULY 15-18, 2009

Contact Information (please print)

All fields marked with an * are required for processing

First Name*: _____ Last Name*: _____

Please provide your preferred mailing address. Remember we may contact you over the summer months.

Institution _____

Address* _____

City* _____ State/Prov* _____ ZIP/PC* _____

Country* _____ Phone* _____

Primary E-mail* _____

HOTEL: SHERATON ATLANTA HOTEL
165 Courtland Street
Atlanta, GA 30303

ROOM RATE PER NIGHT: \$175 (S/D/DD/T/Q)
Tax is not included in room rate. The current tax rate is 15%.

List names of all persons to occupy room. Please note that this is for one room only. (Please print.)

- Single (1 person/1bed) Double (2 people/1bed) Double/Double (2 people/2 beds)
- Triple (3 people/2 beds) Quad (4 people/2 beds)

1 _____ Arrival _____ Departure _____

2 _____ Arrival _____ Departure _____

3 _____ Arrival _____ Departure _____

4 _____ Arrival _____ Departure _____

Please note: Sheraton Atlanta Hotel is 100% smoke free.

I am in need of an ADA accessible room. I may need special assistance from the hotel in the event of an emergency.

Comments: _____

Payment Information

A deposit of one night's room and tax is required for all reservations. No reservation will be processed without a deposit. Visa, MasterCard, American Express and check are acceptable payments for the deposit. **Purchase Orders cannot be accepted.** If you have confirmed your reservation with one of these forms of payment, your credit card will be charged within two weeks of making your reservation(s).

Please check your confirmation for your hotel's individual cancellation policy. Should you need to adjust your reservation, please continue to contact the NBPTS housing reservation center up until **July 9th**, after this date, you will need to call the hotel directly.

- Check (make payable to NBPTS/Wyndham Jade) MasterCard American Express Visa Money Order
- Check enclosed for \$ _____ as a deposit for the first night's room and tax.

Credit Card Number _____ Expiration Date _____

Card Holder Name _____ Phone (____) _____ Fax (____) _____

Signature _____ Date _____

Return completed form to:

Mail to: NBPTS/Wyndham Jade
6400 International Parkway, Suite 2500
Plano, TX 75093

Phone: 1-800-830-6203 (U.S./Canada)
1-972-349-5934 (International)
E-Mail: nbpts@wyndhamjade.com
Fax: (972) 349-7715