



Group Hotel Reservation Form—page 1
Reservations Open **15 January 2010**

Lott Carey Baptist Foreign Mission Convention
113th Annual Session • 9-13 August 2010
Columbus, OH

HOW TO REGISTER

Reservations can be made beginning **15 January 2010** by choosing one of the following methods.

- (1) On-line at: <http://www.lottcareyhotels.com>
- (2) Fax a completed form to: 505-796-6360
- (3) E-mail to: lottcareyhotels@hbceventservices.com
- (4) Mail a completed form, one copy per room to:

Attn: Lott Carey Reservations
HBC Event Services
800 20th Street, Suite B
Albuquerque, NM 87104

RESERVATIONS CANNOT BE MADE BY TELEPHONE.

MODIFICATION/CANCELLATION

For new reservations or modifications, you may continue to make reservations through **12 July 2010** via the HBC Event Services. Reservations secured by check or credit card may be modified and/or cancelled without penalty from **open date** through **cut-off date**, after which, cancellations will be assessed a **\$25.00 processing fee**. Reservations made after the cut-off date and cancelled are also subject to the \$25.00 processing fee. Please be aware of the individual hotel cancellation policy that requires 24 hours cancellation prior to arrival in order to receive a deposit refund.

PLEASE PRINT

GROUP CONTACT: _____

CHURCH/ORGANIZATION: _____

MAILING ADDRESS: _____

CITY: _____ STATE _____ ZIP CODE: _____

TELEPHONE (REQUIRED): _____

E-MAIL (IF ANY): _____

GROUP ROOMING LIST

Please use 2nd sheet to detail room assignments. If additional sheets are needed, please photograph and send **ALL** corresponding documents when making reservations.

ROOM RATES/TAXES

To take advantage of the Lott Carey rates, be sure to book your reservation by, **12 July 2010**. After this date, room availability or conference rates will not be guaranteed and the hotels may charge significantly higher rates. All rates are per room per night and are subject to **16.75%** state and local tax (*subject to change*). Hotels may charge additional fees for rooms with more than one occupant. When making a reservation, please provide room and bedding preferences in the special requests section of the Housing Form. The hotels will assign specific room types upon check in, based upon availability. **Please be advised that requests are not guaranteed.**

DEPOSIT INFORMATION

All reservations **must** be guaranteed by check or a major credit card. I understand that if I do not arrive or cancel within 48 hours of my arrival date, I will be liable for my first night's deposit. (*Confirmation from HBC Event Services will contain specific hotel cancellation policy.*)

ARRIVAL/DEPARTURE DATES:

ARRIVAL: ____/____/____

DEPARTURE: ____/____/____

HOTEL PREFERENCE (*please indicate your 1st, 2nd and 3rd choice.*)

- Hyatt Regency (\$115/night)
- Crown Plaza (\$115/night)
- Hyatt Capitol Square (\$102/night)

ROOM TYPE:

- Non-smoking King
- Non-smoking Double/Double

CONFIRMATIONS

Confirmations will be sent to you by HBC Event Services **three** weeks after **each** reservation, modification or cancellation. **Review it carefully for accuracy.** If you do not receive a confirmation via e-mail, fax, or mail within 21 days after any transaction, please contact HBC Event Services at the number listed below.

INQUIRIES

Call HBC Event Services
Monday-Friday
9:00 AM—5:00 PM MST
Telephone: 505-346-0522

Payment Method:

- Personal Check
- AMEX
- MasterCard
- VISA

Credit Card # _____ Expiration Date: ____/____/____

Name (*as it appears on credit card*) _____

Signature*: _____

*A signature is **required** on all credit card transactions.

SPECIAL NOTE

Please **DO NOT** call the hotel directly to book your reservation for this event. Thank you.



Group Hotel Reservation Form—page 2
Reservations Opens **15 January 2010**

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PLEASE PRINT

Guest #1: _____

Arrival Date: ___/___/___ Departure Date: ___/___/___

Room Type: Non-smoking King Non-smoking Double/Double

Special Requests: _____

Rooming with (maximum 4 persons per double room):

Guest #2: _____

Arrival Date: ___/___/___ Departure Date: ___/___/___

Room Type: Non-smoking King Non-smoking Double/Double

Special Requests: _____

Guest #3: _____

Arrival Date: ___/___/___ Departure Date: ___/___/___

Room Type: Non-smoking King Non-smoking Double/Double

Special Requests: _____

Guest #4: _____

Arrival Date: ___/___/___ Departure Date: ___/___/___

Room Type: Non-smoking King Non-smoking Double/Double

Special Requests: _____

PLEASE PRINT

Guest #1: _____

Arrival Date: ___/___/___ Departure Date: ___/___/___

Room Type: Non-smoking King Non-smoking Double/Double

Special Requests: _____

Rooming with (maximum 4 persons per double room):

Guest #2: _____

Arrival Date: ___/___/___ Departure Date: ___/___/___

Room Type: Non-smoking King Non-smoking Double/Double

Special Requests: _____

Guest #3: _____

Arrival Date: ___/___/___ Departure Date: ___/___/___

Room Type: Non-smoking King Non-smoking Double/Double

Special Requests: _____

Guest #4: _____

Arrival Date: ___/___/___ Departure Date: ___/___/___

Room Type: Non-smoking King Non-smoking Double/Double

Special Requests: _____

PLEASE PRINT

Guest #1: _____

Arrival Date: ___/___/___ Departure Date: ___/___/___

Room Type: Non-smoking King Non-smoking Double/Double

Special Requests: _____

Rooming with (maximum 4 persons per double room):

Guest #2: _____

Arrival Date: ___/___/___ Departure Date: ___/___/___

Room Type: Non-smoking King Non-smoking Double/Double

Special Requests: _____

Guest #3: _____

Arrival Date: ___/___/___ Departure Date: ___/___/___

Room Type: Non-smoking King Non-smoking Double/Double

Special Requests: _____

Guest #4: _____

Arrival Date: ___/___/___ Departure Date: ___/___/___

Room Type: Non-smoking King Non-smoking Double/Double

Special Requests: _____

PLEASE PRINT

Guest #1: _____

Arrival Date: ___/___/___ Departure Date: ___/___/___

Room Type: Non-smoking King Non-smoking Double/Double

Special Requests: _____

Rooming with (maximum 4 persons per double room):

Guest #2: _____

Arrival Date: ___/___/___ Departure Date: ___/___/___

Room Type: Non-smoking King Non-smoking Double/Double

Special Requests: _____

Guest #3: _____

Arrival Date: ___/___/___ Departure Date: ___/___/___

Room Type: Non-smoking King Non-smoking Double/Double

Special Requests: _____

Guest #4: _____

Arrival Date: ___/___/___ Departure Date: ___/___/___

Room Type: Non-smoking King Non-smoking Double/Double

Special Requests: _____