



ROOM BLOCK REQUEST FORM (FOR 10 OR MORE ROOMS) • DEADLINE: August 15, 2014

CONTACT INFORMATION

Name:			
Group Contact:			
Address:			
City:	State:	Zip:	Country:
Phone:	Fax:		
Email (required to receive confirmation):			

HOTEL PREFERENCE: Review hotels and indicate your hotel choices in order of preference. Refer to separate listing of Official Hotels and hotel map for locations. Requests will be honored on a first-come, first-served, space available basis. Submit your request as soon as possible for the best opportunity of receiving your hotel choice.

1. _____
2. _____
3. _____

Below, please indicate the number of rooms (by bed type) you require each night. Your night by night room block (pattern) that you select will affect your hotel placement, therefore, be accurate and conservative.

Room Type	10/4 SAT	10/5 SUN	10/6 MON	10/7 TUE	10/8 WED	10/9 THU	10/10 FRI	10/11 SAT
One Bed								
Two Beds								
Total Rooms								

IMPORTANT INFORMATION

DEPOSIT: All reservation requests must be accompanied by a credit card guarantee or check in the amount equaling a deposit for one night's room and tax for each room reserved. Tax is currently 12.6% and is subject to change. Forms received without a valid guarantee/deposit will not be processed. Credit card will be held as a guarantee only, no initial charges will be collected when booking a reservation.

DEADLINE August 15, 2014: Rooming lists are due with official names and arrival/departure dates, to be sent to Nicole Winschel (see below). After this date, rooms without individual names will be cancelled.

CANCELLATION: Your hotel may charge up to a full deposit of one night's room rate and tax for each room reserved if you cancel within 72 hours of arrival date.

Your hotel reserves the right to charge this card a deposit for one night's room and tax for each room reservation after September 4, 2014. This credit card must be valid through October 2014.

☐ Amex ☐ MasterCard ☐ Visa ☐ Discover

☐ Check payable to Orchid Event Solutions Check # _____

Card #: _____

Exp. Date: _____

Name: _____

Signature: _____

Return completed form to Nicole Winschel at Orchid Event Solutions:

Mail:
175 S. West Temple, Suite 30
Salt Lake City, UT 84101

Email: nicole@orchideventsolutions.com

Fax: 801-355-0250

(888) 310-1390 US Toll-free
(801) 214-7280 International
7:00 am – 6:00 pm US Mountain Time, Mon–Fri



**2014 IUFR0 / SAF / CIF
October 5-11, 2014 • Salt Lake City, Utah**

OFFICIAL LIST OF PARTICIPATING HOTELS

HOTEL	Single	Double	Triple	Quad
Crystal Inn Downtown	\$134	\$134	\$144	\$154
Little America Hotel & Towers - Courtside Rooms Garden Rooms Tower Rooms	\$119 \$139 \$159	\$119 \$139 \$159	\$134 \$154 \$174	\$149 \$169 \$189
Hilton Salt Lake City Center	\$169	\$169	\$184	\$199
Hotel Monaco	\$172	\$172	\$182	\$192
Marriott Salt Lake City Center	\$162	\$162	\$167	\$172
Marriott Downtown at City Creek	\$174	\$174	\$184	\$184
Radisson Hotel	\$169	\$169	\$179	\$189
Red Lion Hotel Salt Lake Downtown	\$109	\$109	\$119	\$119
Salt Lake Plaza at Temple Square	\$145	\$145	\$155	\$155
Sheraton Salt Lake City Hotel	\$172	\$172	\$182	\$202
Shilo Inn	\$127	\$127	\$127	\$127

Please note: room rates quoted above are subject to tax, which is currently 12.6%