



RENAISSANCE.
DENVER HOTEL

School Name:
Advisor Attending Responsible for Delegate Charges :
Advisor Phone:
Advisor Email:

Special Rate: \$140.00
Single, Double, Triple, Quad

PLEASE TYPE ALL INFORMATION
(Make additional copies if necessary)

EMAIL TO Stephanie.Pilakowski@Renaissancehotels.com and CC lauren.wojcik@cccs.edu

For the HOSA reservations must be made on or before February 6th, 2017. Rooms are subject to availability. All rates are subject to a 14.85% room tax. All reservations must be guaranteed with a major credit card or check for the amount of the first night stay.

Enclose check or circle payment method: Master Card Visa Diner's Club Amex Discover

Card Number:
Expiration Date:
Check-In Time is 3:00pm. Check-Out time is 1:00pm

Please reserve accommodations for the following (each four lines represents one (1) room; indicate your preference by assigning from one to four people per room). The hotel has a limited number of double occupancy non-smoking rooms and cannot guarantee requests.

Table with 4 columns: Name(s), Arrival, Depart, School. Rows include Room 1, Room 2, Room 3.

Table with 4 columns: Name(s), Arrival, Depart, School. Rows include Room 4, Room 5, Room 6.

Person making these reservations:

Name:
Title:
Address:
Phone:
E-mail:

- 1. WE ARE SUBMITTING TAX EXEMPT INFORMATION YES CHECK NO CREDIT CARD
2. HOW WILL YOUR SCHOOL BE PAYING?
3. HOW MANY TOTAL ROOMS ARE YOU RESERVING?