



**EXHIBITOR BLOCK REQUEST FORM**  
 10 OR MORE ROOMS ONLY

**EXHIBITOR CONTACT:**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
 Title/Department \_\_\_\_\_ Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 Address 2 \_\_\_\_\_  
 City/State/Province \_\_\_\_\_  
 Postal Code/Country \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_

**HOTEL SELECTION:**

Hotel:	Preference*	Single	Double
Days Inn	_____	\$ 89	\$ 89
Doubletree Castle	_____	\$139	\$139
Doubletree Resort Orlando - Int'l Drive	_____	\$119	\$119
Embassy Suites Int'l Jamaican Ct	_____	\$170	\$170
Embassy Suites Int'l Drive/Conv. Center	_____	\$189	\$199
Hampton Inn	_____	\$143	\$143
Hilton Garden Inn	_____	\$134	\$134
Hilton Orlando	_____	\$199	\$199
Homewood Suites	_____	\$153	\$183
The Peabody	_____	\$199	\$199
Rosen Centre Hotel	_____	\$219	\$219
Rosen Plaza Hotel	_____	\$192	\$192

\*Please number in order of preference (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, etc) above. If requested hotels are unavailable, a Reservation will be made at the next hotel

**Room Type Requested:**

Single (1 or 2 people/1 bed)                       Double/Double (2 or more people 2/beds)  
 Smoking     Non-Smoking



Check here if you have a disability requiring special services

**REQUEST FOR 10 OR MORE ROOMS:**

Use the spaces provided below to indicate the number of rooms and your arrival/departure dates. Your block curve on the front and back ends will effect hotel placement.

**So please be accurate and conservative: Tuesday - Thursday are days exhibit hall is open.**

Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1/29/11	1/30/11	1/31/11	2/1/11	2/2/11	2/3/11	2/4/11	2/5/11

You will receive a confirmation letter from the housing bureau with a code and information to manager your room block online.

**DEPOSIT INFORMATION:**

All reservation requests must be accompanied by a credit card guarantee for one night's room and tax. Housing forms received without a valid guarantee/deposit will not be processed.

Visa                       Master Card                       American Express  
 Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Name on Credit Card (print) \_\_\_\_\_  
 Cardholder's Signature \_\_\_\_\_

I hereby authorize SPAC Housing or any one of the conference hotels to process and charge to my credit card for each Room Deposit in accordance with the policies and information.

**REQUEST FORMS MAY BE FAXED OR EMAILED:**

Fax: (850) 219-9610  
 Email: [housing@1105media.com](mailto:housing@1105media.com)

**TAX, FEES and REQUESTS:**

All rates are per room and are subject to 12.5% tax (subject to change). Special requests cannot be guaranteed; however, hotels will do their best to honor all requests. Hotels will assign specific rooms upon check-in, based on availability.

**CANCELLATION POLICY:**

Cancellations after **December 31, 2010** and prior to 72 hours before arrival date will be subject to a \$30 processing fee. One night's room and tax will be forfeited entirely if cancellation occurs within individual hotels cancellation policy.