

HOTEL RESERVATION REQUEST FORM

InterContinental Hotel - Houston, Texas

March 4-7, 2010

InterContinental Hotel - Houston, Texas
Attn:Reservation Department
2222 West Loop South
Houston, Texas 77027
(713) 627-7600
(713) 961-3327 (Fax)
For Reservations 800-316-8645

Check in time: 3:00 PM
Check out time: 12 noon

Mail this form directly to the:
InterContinental - Houston.
Do NOT send to the NJWPT office.

InterContinental Hotel - Houston is pleased to host The New Jersey Writing Project in Texas 24th Annual Trainers' and Teachers' Conference. To ensure accurate reservations, please complete this reservation request and return it to the InterContinental Hotel - Houston by 2/4/10. Requests received after this date will be accepted based on room and rate availability. Reservation requests must be held with a credit card.

Circle number of guests: Single Double Triple

Room type preference: (check one):

_____ King	\$169	\$169	\$169
_____ 2 Double Beds	\$169	\$169	\$169
_____ Club Level	\$219	\$219	\$219

** Club Level based on availability.

Special Requests:
(subject to availability)

_____ Rollaway Bed (\$30 per night) Available in King bedded rooms only.

_____ Crib (no charge)

_____ Wheelchair Accessible Room

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Additional Guest(s): _____

When contacting the hotel for reservations, please be sure to give them the conference code ES1.

Arrival Date: _____

Arrival Time: _____

Departure Date: _____

I have enclosed a check in the amount of _____ plus applicable tax (currently 17%) to be applied as a deposit for my room accommodations.

or

Please guarantee my room accommodations plus applicable taxes to the following credit card:

_____ MasterCard _____ Visa _____ American Express _____ Diners Club _____ Discover

Card Number: _____ Exp.date: _____

I understand that I will forfeit my deposit check or charged (1) nights room and tax in the event that I do not arrive or cancel less than 72 hours (unless contracted differently) prior to arrival.

Name of Credit Card Holder _____ Signature of Card Holder _____

Individuals will make reservations directly with the Hotel's reservation department. When contacting the reservation department, please identify yourself as a participant of the New Jersey Writing Project or use GROUP CODE ES1 in order to receive your special group rates. Occupancy tax subject to change. Cancellation or modification of reservation must be made at least 72 hours prior to arrival to avoid forfeiture of one night's room rate plus tax. Ask for and retain cancellation number until you receive refund of deposit or credit to credit card. No charge for children under 18 when sharing room with parents and using existing bed space. All hotel accounts are subject to credit arrangements at time of registration and payable at departure.

PLEASE CALL (713) 627-7600 FOR RESERVATION ASSISTANCE

