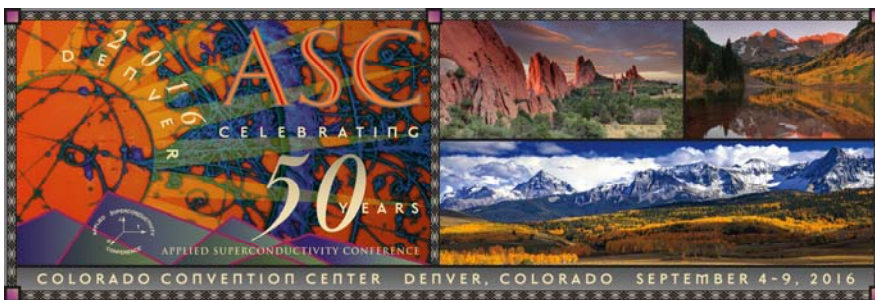


General Attendee Hotel Reservation Form

**Reservation Deadline:
July 18, 2016**



CONTACT INFORMATION

First Name:		Last Name:			
Company:					
Address:					
City:		State:		Zip:	Country:
Phone:		Fax:			
Email (required to receive confirmation):					

HOTEL PREFERENCE: Review hotels below and indicate your hotel choices in order of preference. 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.

Preference	Hotels	Single	Double	Triple	Quad
	Courtyard by Marriott Denver Downtown	\$172	\$172	\$172	\$172
	Crowne Plaza Denver Downtown	\$189	\$189	\$189	\$189
	Denver Marriott City Center	\$163	\$163	\$163	\$163
	Embassy Suites Denver - Downtown Convention Center	\$172	\$187	\$202	\$217
	Grand Hyatt Denver	\$163	\$163	\$188	\$213
	Hilton Garden Inn - Denver Downtown	\$172	\$172	\$172	\$172
	Homewood Suites by Hilton Downtown- Convention Center	\$172	\$172	\$172	\$172
	Hyatt Place/House Denver Downtown	\$163	\$163	\$163	\$163
	* Hyatt Regency Denver (4 night minimum stay)	\$109	\$109	\$134	\$156
	Sheraton Denver Downtown	\$172	\$172	\$172	\$172
	The Curtis - A Doubletree by Hilton	\$172	\$172	\$172	\$172

ROOM INFORMATION: Arrival Date: _____ Departure Date: _____

ROOM TYPE Single (1 bed/1 person) Double (1 bed/2 persons) Double (2 beds/2 persons)
 Triple (2 beds/3 persons) Quad (2 beds/4 persons)

List names of all room occupants: 1. _____ 2. _____
3. _____ 4. _____

Check here if you have a disability requiring special services Non-Smoking Smoking

Special Requests: _____

IMPORTANT INFORMATION:

DEPOSIT: All reservation requests must be accompanied by a credit card guarantee for deposit of one night's room & tax for each room reserved. Tax is currently 14.75% (subject to change). Forms received without a valid guarantee/deposit will not be processed.

Your hotel reserves the right to charge this card a deposit for one night's room & tax for each room reservation on or after **July 18, 2016**. This credit card must be valid through September 2016.

Amex MasterCard Visa Discover Check payable to Orchid Event Solutions Check # _____

Card #: _____ Exp. Date: _____

Name: _____ Signature: _____

CANCELLATION POLICY: Deposit of one night's room & tax will be forfeited if cancellation occurs within 72 hours of expected arrival date.
***Hyatt Regency Cancellation Policy -** Two night's room & tax deposit forfeited entirely if cancellation occurs at any time.

Return completed form to Orchid Event Solutions:

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

Email: help@orchideventsolutions.com
Fax: 801-355-0250

(800) 572-9707 US Toll-free
(801) 505-4137 International
7:00 am – 6:00 pm MST, Mon–Fri