

**Reservations must be received by Experient on or before March 10th, 2011.
Please send e-mails to naesp@experient-inc.com.**

Web

Credit card guarantee only:
www.naesp.org/2011

Fax

Credit card guarantee only:
301-694-5124

Mail

NAESP Housing
P.O. Box 4088
Frederick, MD 21705

Phone

Credit card guarantee only
USA/Canada: 866-229-2386
International: 301-694-5243
Hours 9 a.m. - 9 p.m. (EST)

Credit card guarantee in the amount of \$200 per room or \$400 per suite is required with housing form.

RESERVATION INFORMATION

- Attendee Exhibitor*

*For 10 or more rooms, please complete an Exhibitor Housing Block Request Form at our Web site, www.naesp.org/2011.

- Mr. Mrs. Ms. Dr.

First Name _____ Last Name _____

School/Company Name _____

Address _____

City _____ State _____ Zip _____

Country (if not in the U.S.) _____

E-mail address _____

Telephone _____ Fax Number _____

HOTEL INFORMATION

- *Tampa Marriott Waterside Hotel
 Hyatt Regency Tampa
 Embassy Suites

Regular Rate

\$209 Single/Double
\$199 Single/Double
\$195 Single/\$215 Double

All rates subject to a 12% hotel tax / Visit www.naesp.org/2011 for more detailed information and map / *Headquarters Hotel
Cancellations must be made prior to 72 hours of your arrival date.

Room Type

- King Bed Two Double Beds Single Occupancy Double Occupancy
 Request rollaway (available in King Bed Rooms only) Suite (An NAESP Housing representative will contact you.)

Arrival/Departure Dates:

Arrival date: _____ Departure date: _____

Additional Same-Room Occupant Names:

Name, Arrival day/date Departure day/date

Name, Arrival day/date Departure day/date



Special Room Requests:

- Check here if you have any disability requiring special services

Special room requests will be forwarded to the hotel. Special requests are NOT guaranteed. Please reconfirm your special request upon check-in at the hotel.

PAYMENT INFORMATION

Please guarantee my reservation with: American Express MasterCard VISA

Purchase orders and checks cannot be accepted.

Card #: _____ Expiration Date (Required): _____

Name on credit card: _____ Signature: _____

By signing above you are authorizing the hotel to charge your credit card for the hotel deposit.