

**OPENING/CLOSING DATES
AND NUMBERS:**

OPENING OCTOBER 1, 2001

CLOSING MAY 2, 2002

Internet: www.sbc.net

Toll-free phone: 888-882-5196

Fax: 314-621-9467



**OFFICIAL
2002 SBC HOUSING
REQUEST FORM**

MAIL TO:

SBC HOUSING BUREAU

C/O SLCVC

#1 METROPOLITAN SQUARE, #1100

ST. LOUIS, MO 63102

SBC Meeting Dates:

June 11-12, 2002

- PLEASE PRINT OR TYPE ALL ITEMS TO ASSURE ACCURACY. COMPLETE EACH PART FOR CORRECT PROCESSING.
- SHOULD MORE THAN ONE ROOM BE NEEDED, FORM MAY BE DUPLICATED
- KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

PART I

INSTRUCTIONS: NAME OF PERSON REQUESTING ROOM MUST BE ONE OF THE INDIVIDUALS OCCUPYING ROOM.

(FIRST NAME) (M.I.) (LAST NAME)

(STREET ADDRESS OR P.O. BOX NUMBER)

(CITY) (STATE) (ZIP)

(AREA CODE) (DAYTIME PHONE NUMBER) (AREA CODE) (FAX NUMBER)

NON-SMOKING REQUEST
(NOT GUARANTEED)

(E-MAIL ADDRESS) _____

PART II

INSTRUCTIONS: SELECT FOUR HOTELS OF YOUR CHOICE. GIVE NAME OF HOTEL AND MAP CODE. WHEN MAKING SELECTION, WHICH IS MOST IMPORTANT TO YOU PRICE OR LOCATION?

1ST CHOICE _____ MAP CODE _____ 2ND CHOICE _____ MAP CODE _____
(HOTEL NAME) (HOTEL NAME)

3RD CHOICE _____ MAP CODE _____ 4TH CHOICE _____ MAP CODE _____
(HOTEL NAME) (HOTEL NAME)

PART III

INSTRUCTIONS: LIST NAMES OF ALL PERSONS OCCUPYING ROOM, INCLUDING INDIVIDUAL IN PART I. SELECT TYPE ROOM DESIRED AND ARRIVAL/DEPARTURE DATES. ONE ROOM PER FORM.

<p>OCCUPANTS' NAMES (Please note that additional charges may apply to third or fourth person occupying the room) PLEASE PRINT AND INDICATE AGE, IF CHILD.</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p>	<p>Check room type desired (Not guaranteed)</p> <p><input type="checkbox"/> Single (1 bed/1 person)</p> <p><input type="checkbox"/> Double (1 bed/2 persons)</p> <p><input type="checkbox"/> Double/Double (2 beds/2 persons)</p> <p><input type="checkbox"/> Triple (2 beds/3 persons)</p> <p><input type="checkbox"/> Quad (2 beds/4 persons)</p>	<p>Arrival Date: _____ (Check in after 4:00p.m.)</p> <p>Departure Date: _____ (Check out 12:00 noon)</p> <p>Other: _____</p>
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PART IV

All reservations are being coordinated by the St. Louis Convention & Visitors Commission/SBC Housing Bureau. Arrangements for housing must be made through the SBC Housing Bureau and **NOT** directly with hotels. All housing reservation forms must be received by, May 2, 2002.

DEPOSIT: A \$100 per room deposit is required to make a reservation. The deposit amount is payable by credit card or check (mail only). **THE CREDIT CARD WILL BE CHARGED IMMEDIATELY.** If paying by check, mail your payment with this completed housing form. All checks must be made payable to the SBC Housing Bureau in US funds drawn on a US bank. No wire transfers will be accepted. Check here if you are enclosing a check with this form:

CREDIT CARD AUTHORIZATION: The SBC Housing Bureau is authorized to use this card information to assess a \$100 deposit on my hotel room. See changes/cancellations regarding deposit forfeiture.

Card Type: American Express Master Card Visa Discover Expiration Date: _____

Card Number: _____ Cardholder's Printed Name & Signature: _____

