



HOUSING FORM
Wisconsin Wastewater Operators Association
September 30-October 2, 2008
Stevens Point, Wisconsin

This form is used to request a room reservation for your upcoming event. The Stevens Point Area Convention & Visitors Bureau (CVB) has held large blocks of rooms at various hotels within 1 mile of the convention center. The CVB works with your meeting planner to ensure enough rooms are held at the best possible rate when the event is planned. When we receive your housing form we process your request and send it to the appropriate hotel. You will receive confirmation directly from the hotel. It is not always possible to place you in your first choice hotel, ALL ROOM REQUESTS ARE PROCESSED ON A FIRST RECEIVED BASIS, if you have special needs submit form promptly. Telephone reservations are not accepted. All rooms must be guaranteed with a credit card. Any changes or cancellations prior to cut off date must be submitted in writing. Cancellations and/or changes after September 19, 2008 must be made directly with hotel.

Indicate Choice # 1-9	NAME OF HOTEL	RATE
	Holiday Inn Hotel & Convention Center – Host Hotel, Standard Room	\$99 single/double \$109 triple/quad
	Holiday Inn Hotel & Convention Center-Host Hotel, Suite Room	\$139
	Holiday Inn Express-Standard Room	\$99
	Holiday Inn Express-Suite Room	\$139
	Fairfield Inn-2 Queen Beds	\$90
	LaQuinta –Standard Room	\$76
	LaQuinta-Suite	\$85
	Royal Inn-Non Poolside	\$59
	Royal Inn- Poolside Room	\$69

Rates do not include applicable tax (13.5%). Rates Guaranteed Until Thursday, September 18, 2008

	NAMES OF EACH PERSON	ARRIVAL DATE	DEPARTURE DATE	SMOKING Circle one Yes/No	ACCOMODATIONS DESIRED S=Single (1 bed, 1 person) D=Double (1 bed, 2 people) T=Triple (2 beds, 3 people) Q=Quad (2 beds, 4 people)
Room #1					
Room #2					

If a room with two beds is NOT available will you accept a room with one bed? YES NO

If a non-smoking room is NOT available will you accept a smoking room? YES NO

Do you need a handicap accessible room? YES NO

CONFIRM RESERVATION TO:

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____

Credit Card Number: _____ Expiration Date: _____

Please retain a copy of this form for your records. **ALL FORMS MUST BE RECEIVED NO LATER THAN THURSDAY, SEPTEMBER, 18, 2008. DO NOT SEND CASH OR CHECK TO THE CVB.** For questions regarding the housing form, please email sara@stevenspointarea.com or call 715-344-2556.

Return this form to: SPACVB- Housing Bureau, 340 N Division Street, Stevens Point, WI 54481 Fax: 715-344-5818