



Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

PLEASE NOTE THAT BY HOLDING THESE ROOMS YOU ARE RESPONSIBLE FOR ALL ROOMS AND CANCELLATIONS. YOU WILL BE CHARGED FOR ALL ROOMS and ROOM NIGHTS HELD.

**SELECT HOTEL:**

\_\_\_\_ HILTON Riverside    \_\_\_\_ Marriott New Orleans (Canal St.)    \_\_\_\_ Sheraton New Orleans (Canal St)

DATE	30-Oct	31-Oct	1-Nov	2-Nov	3-Nov	4-Nov
STANDARD ROOM \$189 single / \$189 double (add'l charges apply for occupancy over 2)						
Suites: One Bedroom Suite: Marriott: \$389 Sheraton: \$325 Hilton: \$545						

Please note how many of each type of room you would like to hold:

All room rates are subject to 13% tax and a \$3.00 occupancy tax per night.

**Billing on rooms will be:** (PLEASE SELECT ALL THAT APPLY)

**\*\*Card will be authorized for 1 nights room & tax deposit (including resort fee; remaining balance due 30 days prior. \*Note- in the event that a guest cancels the card provided by you will be charged for the entire stay.**

\_\_\_\_ Room and tax    \_\_\_\_ Incidentals    \_\_\_\_ Parking

**\*\*YOU MUST PROVIDE A CREDIT CARD TO SECURE THESE GUESTROOMS\*\***

**The deposit of one night room & tax Per room will be charged to the credit card immediately.**

Cardholder's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Card Number: \_\_\_\_\_ Expires: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*By signing this form you acknowledge and accept all conditions of this Sub-Block Authorization.\***

**\*\*\*\*Please include photocopy of credit card (front and back) and Driver's License\*\*\*\***  
**\*This form and a copy of the credit card and driver's license must be received before sub-block will be guaranteed.\***

TAX EXEMPT MUST BE FEDERAL FORM # 501-C3 or LOUISIANA TAX EXEMPT FORM. Credit card must conform to LA state guidelines.

A complete rooming list must be received NO LATER THAN 9/24/10. GROUP IS RESPONSIBLE FOR 100% OF THE CONTRACTED ROOMBLOCK.

**RETURN THIS FORM TO DWENTZ@ALLIANCEPLANNERS.COM OR FAX: 301-560-3461**