

# PLA Exhibitor Housing Request

PLA National Conference – Exhibits Open March 13 – 16, 2012 – Philadelphia, PA.

Please submit your housing reservations ASAP to try to assure one of your hotel choices. Return forms to Experient : 568 Atrium Drive, Vernon Hills, IL 60061 Fax: 1-800-521-6017 OR 847-996-5401 Email: [plaexh@experient-inc.com](mailto:plaexh@experient-inc.com)

## Contact Information:

\_\_\_\_\_  
(Last name of person requesting rooms and confirmation)

\_\_\_\_\_  
(First Name)

\_\_\_\_\_  
(Name of company or firm)

\_\_\_\_\_  
(Street address or P.O. box number)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
(Country)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Fax number)

\_\_\_\_\_  
(Email Address)

**Hotel Choices:** Please print name and number of hotel as listed on the hotel locator map and the hotel rate sheet. Please be advised that because housing is limited your choice of hotel(s) may not be available. Experient will do its best to accommodate your first hotel choice. Your request will be processed on a first-come, first-served basis. To assist with your request you must fill out all six choices.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

\*\*If none of my choices are available, in accepting another assignment I am more concerned with (circle one):  Location  Rate

Check here if you have a staff member who needs an accessible room and attach a written description on your needs.

**Room Block Information:** Please complete the grid providing a night by night breakdown of rooms required. Bed type is on request.

Date	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon
Single	3/11	3/12	3/13	3/14	3/15	3/16	3/17	3/18	3/19
Double									
Total									

**Credit Card Guarantee:** (A valid credit card must be submitted for all reservation requests. Please complete the Credit Card Authorization Form attached.)

## IMPORTANT

1. This signed form, when received and confirmed by Experient, will constitute your official room block.
2. Rooms will be assigned on a first- come, first served basis.
3. Early arrival/late departure dates may not be readily available.
4. Experient will work with all hotels to request early arrival/late departure dates not included in the room block.
5. Experient will provide confirmation numbers prior to your arrival to the conference.
6. Reservations will not be accepted without a credit card to guarantee the reservation. A valid credit card with an expiration date through March 2012 or later is required to process your block request.
7. Rooms must be assigned to an individual by 5:00 pm CST, January 18, 2012. Unassigned rooms will be released from your room block at that time. After January 18, 2012, Experient will accept additional reservations/date changes on a space-available basis until February 10, 2012, 5pm CST.

To confirm your hotel reservations and accept these terms please complete all pages of this form, sign below and return forms to Experient : 568 Atrium Drive, Vernon Hills, IL 60061 Fax: 1-800-521-6017 OR 847-996-5401 Email: [plaexh@experient-inc.com](mailto:plaexh@experient-inc.com)

\_\_\_\_\_  
Signature: Acting as agent for Exhibitor

\_\_\_\_\_  
Date

# Page 2: PLA Exhibitor Housing Request

**Hotel Choices:** (Please print name and number of hotel as listed on the hotel locator map and the hotel rate sheet.) Please be advised that because housing is limited your choice of hotel(s) may not be available. Experient will do its best to accommodate your first hotel choice. In the event that your preferred hotels are not available, Experient will contact you to discuss alternative options. Your request will be processed on a first come, first serve basis. To assist with your request you must fill out all six choices.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

\*If none of my choices are available, in accepting another assignment I am more concerned with (circle one):  Location  Rate

**Rooming List:** The deadline for names is January 18, 2012. You must submit all names by this date. You do not need to submit names at this time. However, we will need to know the number of rooms needed as well as the arrival/departure dates.

Name (Please see note above.)	Room Type (Abbreviate as below)	Sharing With (If Applicable)	Arrival Date	Departure Date
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____
11. _____	_____	_____	_____	_____
12. _____	_____	_____	_____	_____
13. _____	_____	_____	_____	_____
14. _____	_____	_____	_____	_____
15. _____	_____	_____	_____	_____

**Accessible Room Needed:** If you have a staff member who needs an accessible room, please list them below, and the type of accessible room needed. **Room types available: Mobility, Visually Impaired, Hearing Impaired.**

Name:	Room Type:
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

**Room Types (Request Only)**  
 S=Single (one person/one bed); D=Double (two people, one bed); DT=Double/Double (two people, two beds); NS= Non-Smoking  
 SM= Smoking

# Page 3: PLA Exhibitor Suite Request

(Please complete one form per Suite Request.)

**To Reserve a Suite:** (Please print name and number of hotel as listed on the hotel locator map and the hotel rate sheet.) Please be advised that because housing is limited your choice of hotel(s) may not be available. Experient will do it's best to accommodate your first hotel choice. In the event that your preferred hotels are not available, Experient will contact you to discuss alternative options. Your request will be processed on a first-come, first-served basis. To assist with your request you must fill out all six choices.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

Arrival Date: \_\_\_\_\_

Departure Date: \_\_\_\_\_

Name of person occupying suite: \_\_\_\_\_

\*If none of my choices are available, in accepting another assignment I am more concerned with (circle one):  Location  Rate

How many people will occupy this room for sleeping purposes? \_\_\_\_\_

How many bedrooms do you require? \_\_\_\_\_

Will you entertain in this suite?  Yes  No

If Yes, how many people do you need the suite accommodate? \_\_\_\_\_

Do you have any specific requests for your suite?

## Contact Information:

\_\_\_\_\_  
(Last name of person requesting rooms and confirmation)

\_\_\_\_\_  
(First Name)

\_\_\_\_\_  
(Name of company or firm)

\_\_\_\_\_  
(Street address or P.O. box number)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
(Country)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Fax number)

\_\_\_\_\_  
(Email Address)

**Credit Card Guarantee:** (A valid credit card must be submitted for all reservation requests.. Please complete the attached Credit Card Authorization Form)



September 7, 2011

**Exhibiting Company Name:** \_\_\_\_\_  
(Please print company name)

Thank you for your housing request for the PLA National Conference being held March 13 – 17, 2012 in Philadelphia, PA.

**A valid credit card with an expiration date of March 2012 or later is required to process your block request.**

\_\_\_\_\_ **American Express** \_\_\_\_\_ **MasterCard** \_\_\_\_\_ **VISA** \_\_\_\_\_

**#** \_\_\_\_\_ **Exp** \_\_\_\_\_

**Name as it appears on card** \_\_\_\_\_

**Cardholders**

**Signature** \_\_\_\_\_

Please submit your completed form to:

**Experient**

Fax: (847) 996-5401 or (800) 521-6017

Or mail to:

568 Atrium Drive

Vernon Hills, IL 60061-1731

Thank you in advance for your prompt response!