

# ROOM RESERVATION REQUEST FORM

## INTERNATIONAL CATHOLIC STEWARDSHIP COUNCIL

2009 Annual Conference  
October 11-14, 2009  
Hilton Anatole  
2201 Stemmons Freeway  
Dallas, TX 75207

Please complete a separate reservation form for each room

Name(s) of guest(s) \_\_\_\_\_

Arch/Diocese/Parish/Company \_\_\_\_\_

Mailing Address (please indicate if this is a **Home** or **Business** address)

\_\_\_\_\_  
\_\_\_\_\_

Email Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Please confirm my reservation via: E-mail  First class mail

A block of rooms has been set aside from October 11-14, 2009.  
Arrivals prior to October 11 and departures after October 14 are on a request basis.

**I/We will be checking in on (day/date) \_\_\_\_\_ and out on (day/date) \_\_\_\_\_**

- Please reserve my room for single occupancy (1 person) at \$186.00 (plus 15% tax) per night.
- Please reserve my room for double occupancy (2 people) at \$206.00 (plus 15% tax) per night.
- Please reserve my room for triple occupancy (3 people) at \$226.00 (plus 15% tax) per night.
- Please reserve my room for quadruple occupancy (4 people) at \$246.00 (plus 15% tax) per night.

I will share with \_\_\_\_\_

Special Requests

\_\_\_\_\_

ALL RESERVATION REQUESTS MUST BE RECEIVED NO LATER THAN SEPTEMBER 1.

All reservations require a guarantee. Please guarantee your room reservation by submitting a check equivalent to a minimum of one-night stay (room rate plus tax) payable to **Plaza Meetings** or provide a credit card number and valid expiration date. **If you need to cancel your reservation, please do so at least 24 hours prior to your arrival to avoid billing.**

**Credit Card number** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_

**Cardholder's name as it appears on card** \_\_\_\_\_

Completed reservation forms should be returned to:

**PLAZA MEETINGS**  
3 School Street  
Latham, NY 12110  
Fax: 518-785-7146 Phone: 877-666-3404  
Email: [kathleen@plazameetings.com](mailto:kathleen@plazameetings.com)