

# Housing Block Request Form

This form is a request (not a reservation) to hold a block of rooms. The **deadline** to submit this form is **Friday, June 25, 2004**. Requests will be processed on a first-come, first-served basis so be sure to submit this form **early** to secure one of your top hotel preferences!



WSA August 2004 Show  
August 5-8, 2004 Las Vegas, Nevada

**GENERAL INFORMATION:**

Company: \_\_\_\_\_ Key Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
(International phone numbers: Please remember to include your country code)

**HOTEL REQUEST:**

Please select 6 hotels in order of preference below. Refer to the attached list of hotels. We try to accommodate all requests as close to your choices as possible and reserve the right to make assignments if first choice hotels are not available.

For hotel room blocks, do you prefer assignment by: (1) All personnel in same hotel \_\_\_\_\_  
(2) Rate \_\_\_\_\_ (3) Location \_\_\_\_\_ (based on availability)

Lowest available rates are listed. Rates may differ based on room type and availability at time of booking.

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

Day/Date	Thu 7/29	Fri 7/30	Sat 7/31	Sun 8/1	Mon 8/2	Tue 8/3	Wed 8/4	Thu 8/5	Fri 8/6	Sat 8/7	Sun 8/8	Mon 8/9
1 Bedded Rooms												
2 Bedded Room												
Suites												
Total Rooms												

**DEPOSIT:** Requests will not be processed without a credit card guarantee. When your hotel assignment has been determined, a check deposit can be submitted. Checks should be made payable to Ambassadors and must equal one night's room & tax per room. (add 9% tax)

Credit Card: Type \_\_\_\_\_ Number: \_\_\_\_\_ Exp: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Contact the WSA Hotel Services:

EMAIL: [WSA@Ambassadors.com](mailto:WSA@Ambassadors.com)  
PHONE: 866-889-9646  
INTERNATIONAL: 404-584-7458  
FAX: 404-584-0685

MAIL: WSA Hotel Services  
C/O Ambassadors  
240 Peachtree St. Suite 22-S-10  
Atlanta, GA 30303

Rebook ID	_____
Date	_____
Time	_____