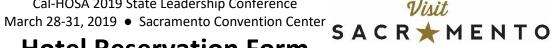


California HOSA – Future Health Professionals

Cal-HOSA 2019 State Leadership Conference



Hotel Reservation Form

Conference registration is REQUIRED prior to making hotel reservations.

Reservations are made by completing this form and emailing/mail or faxing it to the Housing Bureau, OR through the Housing Link only.

Mail to: Visit Sacramento-CalHOSA Housing 1608 | Street Sacramento, CA 95814

or FAX Visit Sacramento CalHOSA Housing (916) 808-8414

or Directly Online: cal-hosa.org - 2019 State Leadership Conference section or https://book.passkey.com/go/CALHOSA2019/

For housing questions contact Visit Sacramento Housing Bureau - Mon-Fri 9:00 am - 4:00 pm - Joline Pudoff at jpudoff@visitsacramento.com (916) 808-6715

Reservations must be made by Friday, March 1, 2019 Housing Bureau Deadline. After the deadline, for new reservations*please contact the hotels directly. For changes and cancellations, please contact the hotels directly after March 7, 2019. *It is at the Hotel's discretion whether to accept additional reservations that will be subject to prevailing rates and availability. If you are making more than 10+ reservations, please complete this form ONCE and include an additional page with the rooming list. Your rooming list needs to include your school name, the adult chaperone for each student room and the

School Name (REQUIRED): Adult Contact: Adult Phone #:		serve basis. Please rank your longer available in your first o available hotel. Failure to con constitute an error. If you do	ACCOMMODATIONS: Room assignments are on a first-come, first-serve basis. Please rank your hotel preference 1 - 5. If rooms are no longer available in your first choice, you will be placed in the next closest available hotel. Failure to confirm your first choice hotel does not constitute an error. If you do not indicate alternate choices, the Bureau will automatically assign you to the next available hotel.		
Adult Email:		Hotel Preference List in orde	Hotel Preference List in order of preference:		
Address		1st Choice			
City/State/Zip		2 nd Choice			
Arrival Date		3 rd Choice			
Departure Date:		4 th Choice			
		5 th Choice			
Chaperone for Room:		Convention Hotels and Ra	tes·		
Occupant Name 1:		Hyatt Regency *	\$158 per room		
Occupant Name 2:		Sheraton Grand *	\$158 per room		
Occupant Name 3: Occupant Name 4:		Check-in time is 3:00 pm. Check Current taxes and fees are 15.279 to change without notice. Additional fees may be assessed	* These hotels are across the street from the Convention Center Check-in time is 3:00 pm. Check out time is 12:00 pm. Current taxes and fees are 15.27% Total Tax per room per night and are subject to change without notice. Additional fees may be assessed at individual hotels (Parking, housekeeping, etc.). All Sacramento hotels are non-smoking hotels.		
King (1 bed, 1-2 people) Double/Double (2 beds, 2-4 people) Requires ADA Room Special Request:		_			
GUARANTEED RESERVATIONS ON ☐ Visa ☐ MasterCard	LY: Reservations will not be proces ☐ AMEX ☐ Dis		☐ Purchase Order #		
redit cards will NOT bet charged until redit cards on file. To reserve room w hecks MUST be received by February	after the housing deadline. On with a check, please make deposing 15, 2019. If you are mailing a continuous process.	ce reservations are transferred to hotels, hit checks out to Visit Sacramento and mail theck after February 15, 2019, please maked to pay for your room at the time of check	otels may charge the one-night deposit to to the Visit Sacramento office listed above. the check directly to the hotel and MUST		
redit Card Number	Expiration Date:				
ame on the Card		Signature			

CHANGES & CANCELLATIONS: Visit Sacramento accepts changes and cancellations only up until the cut-off date of March 1, 2019. Reservations will be transferred to the hotels between March 5-7, 2019. After the March 7, 2019, please contact the hotel directly for all changes, cancellations or for rates and availability.

The assigned hotels must receive at least 72 hours prior to arrival to avoid a cancellation fee.

Cal HOSA Rooming List Form

Room	Guest Name	Share With	Arrival Date	Departure Date	Room Type	Chaperone Name
1.						
2.						
3.						
4.						
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8.						
9.						
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