

# FOR NON-MUNICIPAL USE ONLY

Forms will be processed beginning August 18, 2008

## HOTEL & MOTEL RESERVATION FORM

# NEW JERSEY STATE LEAGUE OF MUNICIPALITIES

THE ATLANTIC CITY CONVENTION CENTER – NOV. 18, 19, 20, 21, 2008 – ATLANTIC CITY, NJ

**MAIL TO:**  
NJLM 93<sup>rd</sup> Annual Conference  
201 Tilton Road, Suite 17B  
London Square Mall  
Northfield, NJ 08225

**HEADQUARTERS  
CONVENTION  
CENTER  
93<sup>rd</sup> ANNUAL  
CONFERENCE**

TWO NIGHT MINIMUM ON  
HOSPITALITY SUITES.  
  
PAYMENT REQUIRED TO HOTEL BY OCT. 17

**LAST DAY TO USE THIS FORM IS FRIDAY, OCTOBER 17<sup>TH</sup>.**

**Reservations May Not Be Made By Telephone or Fax—All Room Requests Must Be Made On This Form!**

**SPECIAL NOTE: Please make firm decisions early and realistic reservations. CANCELLATIONS MADE AFTER THURSDAY, NOVEMBER 6, WILL BE REQUIRED TO PAY FOR ALL CANCELLED NIGHTS. GOVERNMENT AGENCIES SEND VOUCHERS IMMEDIATELY TO THE ASSIGNED HOTEL.**

**Hotel Choice(s):**

1<sup>st</sup> \_\_\_\_\_  
2<sup>nd</sup> \_\_\_\_\_  
3<sup>rd</sup> \_\_\_\_\_

4<sup>th</sup> \_\_\_\_\_  
5<sup>th</sup> \_\_\_\_\_  
6<sup>th</sup> \_\_\_\_\_

Number of Rooms Requested: \_\_\_\_\_ Number of Beds: \_\_\_\_\_ Number of Persons Per Room: \_\_\_\_\_

**Special Request:**  Smoking  Non-Smoking  Handicapped  Other \_\_\_\_\_

**\*PAYMENT INFORMATION** (please check):

\_\_\_\_\_ CREDIT CARD TYPE: \_\_\_\_\_ # \_\_\_\_\_ Exp. \_\_\_\_\_  
**CANCELLATION AND DATE CHANGES MUST BE COMPLETED NO LATER THAN NOVEMBER 6. CANCELLATIONS AFTER THAT DATE, WILL BE CHARGED.** \_\_\_\_\_ Initial/Acknowledgement

\_\_\_\_\_ VOUCHER/PURCHASE ORDER – **SEND P.O/VOUCHER IMMEDIATELY AFTER RECEIVING HOTEL ASSIGNMENT. PAYMENTS MUST BE MADE TO HOTEL NO LATER THAN OCTOBER 17. CANCELLATIONS AND CHANGES TO # OF NIGHTS MUST BE COMPLETED BY 11/6. CANCELLATIONS AFTER NOVEMBER 6<sup>th</sup> WILL NOT BE REFUNDED.** \_\_\_\_\_ Initial/Acknowledgement

**ARRIVAL AND DEPARTURE DATES ARE ESSENTIAL!**

Arriving Atlantic City: \_\_\_\_\_ Departing Atlantic City: \_\_\_\_\_

If accommodations at the hotel/motel of my choice(s) are not available, I understand the Housing Dept. will make comparable reservations elsewhere and that I will receive acknowledgement directly from the Housing Department and/or assigned property. Acknowledgements will be sent after each reservation booking, modification and/or cancellation. **REVIEW FOR ACCURACY.**

Rooms will be occupied by: (Names **MUST** be supplied for each room reserved.) **DO NOT OVERBOOK!**

Name of Occupant	Smoking Y or N	# of Beds	Dates of Stay if Different Than Above
Room 1			
Room 2			
Room 3			
Room 4			

(PLEASE ATTACH LIST OF ADDITIONAL NAMES, IF NECESSARY – PLEASE, IN ARRIVAL DATE ORDER)

**SPECIAL NOTE: CANCELLATIONS AND CHANGES TO STAY MUST BE COMPLETE PRIOR TO NOV. 6. CANCELLATIONS AFTER THIS DATE WILL BE CHARGED IN FULL. SEND PROPER DOCUMENTS IMMEDIATELY TO ASSIGNED HOTEL.**

**CONFIRM TO: ALL CONFIRMATIONS WILL BE ADDRESSED TO THIS PERSON.**

Name (please print): \_\_\_\_\_

Company/Organization: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**NOTE: OPEN YOUR SPAM FILTERS TO ALLOW ACKNOWLEDGEMENTS FROM SERVICE@ACROOMS.COM**