

SPEAKER ROOM RESERVATION REQUEST FORM **American College of Nurse Practitioners**

National Clinical Conference, Oct. 11-15, 2006

The deadline to reserve your room is September 8, 2006.

Requests received after this date are subject to hotel availability.

ACNP Housing Center
c/o J. Spargo and Associates
11208 Waples Mill Road
Suite 112
Fairfax, VA 22030
Fax (703) 631-1167
For additional information please call:
Tel 888-243-7419

MAIL or FAX completed request forms to:

Name:	 	
Organization:		
Address:		
City:		
State/Zip:		
Phone #:		
Fax #:		
Email:		

Abstract # (required)

HOTEL INFORMATION

Disney's Coronado Springs

1000 West Buena Vista Drive Lake Buena Vista, FL 32830 \$129 Single/Double

Rates do not include 11.5% tax. (Additional person 18 years and older, \$15 per person, per night)

Arrival		Departure				
Occupancy : Single	Double	Other (Triple of	or Quad, additional of	charges may apply)		
Sharing Room With:						
Room Type requested : D One b	ed 🗖 Two	double beds	DA room (list specia	al needs) 🗖 Smoking		
HOTEL GUARANTEE						
The hotel requires a guarantee of the first night's room and tax. You must supply a credit card number to guarantee your hotel room. FORMS SUBMITTED WITHOUT CREDIT CARD NUMBERS WILL BE RETURNED. If you need to cancel your reservation, you must do so at least 5 days prior to your scheduled arrival date or your credit card will be charged a fee equal to the first night's room fee plus taxes.						
□ American Express	🗖 Visa	□ Master Card	Diners Club	Discover		
Credit Card #			Expiration Date: _			
Card Holders Name:						
Signature:						

All changes must be submitted in writing to the ACNP Housing Center and are subject to hotel availability. After September 28, 2006 please contact the hotel directly to request changes or cancellations.