



Reservations must be received in Anaheim by **Monday, March 23, 2009**. Guarantee room with major credit card or check for first night's lodging.

DEPOSIT: A check for first night's room and tax, payable to **Doubletree Guest Suites Anaheim Resort**, must accompany this reservation request, or you may assure your reservations with a major credit card by completing the box below. The credit card guarantee or check deposit guarantees your first night's lodging. The state should reserve rooms for the entire state with one check.

CHANGES OR CANCELLATIONS: Failure to cancel your reservation **72 hours** before arrival will result in loss of your deposit or your credit card being charged. Refunds of deposits will be made for room cancellations received **72 hours** prior to arrival.

PLEASE RESERVE LODGING IN THE Doubletree Guest Suites Anaheim Resort for the following:

STATE: _____

ROOM RATES*:

Double Queen Suite Non-Smoking - Single **\$179.00** / Double **\$179.00** / Triple **\$199.00** Quad **\$199.00**
 Standard 2 Queen Beds Non-Smoking – Single **\$159.00** / Double **\$159.00** Triple **\$179.00** Quad **\$179.00**
 Standard 1 King Bed Non- Smoking – Single **\$159.00** / Double **\$159.00** Triple **\$179.00** Quad **\$179.00**

*Rates don't include 15% sales tax and \$6.00 city assessment fee.

TOTAL NUMBER OF ROOMS:

_____ **Standard King (Single Occupancy)** _____ **Double Queen Suite (Up to 6 people)**
 _____ **Standard 2 Queen Beds (Double Occupancy)**

CALCULATIONS:

_____ singles x _____ nights = _____
 _____ doubles x _____ nights = _____
 _____ triples x _____ nights = _____
 _____ quads x _____ nights = _____
 _____ up to 6 x _____ nights = _____

_____ Chapter Advisor's Signature

_____ State Advisor Signature

Mailing address _____

City, State, ZIP _____

Daytime Phone _____

Email _____

**Room Reservation
 CREDIT CARD GUARANTEE**

Name as Appears on Card: _____

Type of Card: _____

Card Number: _____

Expiration Date: _____

Billing Address: _____

Signature: _____