

# RENAISSANCE ORLANDO AT SEAWORLD HOTEL RESERVATION FORM

WSWA 76<sup>TH</sup> ANNUAL  
CONVENTION & EXPOSITION

March 31 - April 3, 2019  
Grande Lakes Orlando



This form is **INTERACTIVE**. You can type directly onto this form, **RENAME IT WITH YOUR LAST NAME**, save it and email it as an attachment to [registrations@wswa.org](mailto:registrations@wswa.org). If returning by mail, please type, print clearly or attach a business card.

Please use this to form to reserve your hotel sleeping room at the Renaissance Orlando at SeaWorld **AFTER COMPLETION** of your WSWA 76th Annual Convention & Exposition registration. Registration for the Convention & Exposition may be completed ONLINE or by the appropriate PDF registration form. If you need assistance completing your registration or have housing questions, please contact Ryann Squier, [ryann@wswa.org](mailto:ryann@wswa.org).

**PLEASE NOTE:** A complimentary shuttle service will be available between the Renaissance Orlando at SeaWorld and Grande Lakes Orlando.

## RESERVATION DEADLINE:

Friday, March 8, or until rooms are sold out.

## CANCELLATION POLICY:

Hotel rooms may be cancelled up to 7 days prior to your first arrival date. The first night's room deposit will be refunded for all rooms cancelled prior to the 7-day cut-off.

To cancel or change your hotel reservation, please contact WSWA's Ryann Squier, [ryann@wswa.org](mailto:ryann@wswa.org)

## RETURN THIS COMPLETED FORM WITH PAYMENT:

### By mail to:

WSWA Meetings and Conventions Department  
805 15th Street, NW,  
Suite 1120  
Washington, DC 20005

### By Email to:

[registrations@wswa.org](mailto:registrations@wswa.org)

### Online Registration:

[wswaconvention.org](http://wswaconvention.org)

### Renaissance Orlando at SeaWorld

6677 Sea Harbor Dr,  
Orlando, FL 32821

## ATTENDEE INFORMATION

FIRST/LAST NAME	TITLE
COMPANY	
OFFICE MAILING ADDRESS	CITY/STATE/ZIP
TELEPHONE	EMAIL ADDRESS <i>(required for housing confirmation)</i>
BILLING ADDRESS <i>(if different from above)</i>	CITY/STATE/ZIP
SPOUSE NAME <i>(if attending)</i>	

## ROOM OPTIONS

**ROOM RATE: \$199** (\$223.88 per night inclusive of tax)

**BED PREFERENCE:\***  KING  DOUBLE/DOUBLE

*\*Bedding preferences can be requested; but cannot be guaranteed.*

# OF PEOPLE IN ROOM \_\_\_\_\_ SHARING ROOM WITH \_\_\_\_\_

ARRIVAL DAY AND DATE \_\_\_\_\_ DEPARTURE DAY AND DATE \_\_\_\_\_

**ADA SPECIAL REQUESTS:**  AUDIO  VISUAL  MOBILE

## PAYMENT\*

VISA  MASTERCARD  AMERICAN EXPRESS  DISCOVER

CREDIT CARD # \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ CIV \_\_\_\_\_

CARDHOLDERS NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

A CHECK IN THE AMOUNT OF \$ \_\_\_\_\_,  
MADE PAYABLE TO RENAISSANCE ORLANDO AT SEAWORLD IS ENCLOSED.

**NOTE: if sending a check, you must complete and return this form by mail.**

*\*The Renaissance Orlando at SeaWorld requires that hotel rooms be guaranteed by either credit card or check.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

REG ID #: \_\_\_\_\_ DATE REC'D: \_\_\_\_\_ CHECK #: \_\_\_\_\_ **WRITTEN CANCELLATION:** DATE REC'D: \_\_\_\_\_ CHECK #: \_\_\_\_\_ AMNT RTRN'D: \_\_\_\_\_