

RESIDENCE INN ORLANDO AT SEAWORLD HOTEL RESERVATION FORM

WSWA 76TH 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. 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 Residence Inn 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.

PLEASE NOTE: A complimentary shuttle service will be available between the Residence Inn 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

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

Online Registration:

wswaconvention.org

Residence Inn Orlando at SeaWorld

11000 Westwood Boulevard.
Orlando, FL 32821

ATTENDEE INFORMATION

FIRST/LAST NAME

TITLE

COMPANY

OFFICE MAILING ADDRESS

CITY/STATE/ZIP

TELEPHONE

EMAIL ADDRESS *(required for housing confirmation)*

BILLING ADDRESS *(if different from above)*

CITY/STATE/ZIP

SPOUSE NAME *(if attending)*

ROOM OPTIONS

ROOM RATE: \$159 (\$178.89 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 RESIDENCE INN ORLANDO AT SEAWORLD IS ENCLOSED.

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

**The Residence Inn 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: _____