



ADHA Exhibitor Group Block Housing Form

(Complete if requesting 5 or more rooms)
 (For 4 rooms or less, book directly online starting early January)

Company Name: _____

Contact First/Last Name: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Room Block: Indicate the number of rooms required on each day. ADHA will make the hotel reservations under the exhibitor contact's name at one of the hotels in the ADHA block. The exhibitor contact is then responsible for making name changes/cancelling any unneeded reservations/establishing a master account with the hotel Group Coordinator directly.

Tuesday, June 19	No. of Rooms: _____
Wednesday, June 20	No. of Rooms: _____
Thursday, June 21	No. of Rooms: _____
Friday, June 22	No. of Rooms: _____
Saturday, June 23	No. of Rooms: _____
Sunday, June 24	No. of Rooms: _____
Monday, June 25	No. of Rooms: _____

Total Number of Room Nights: _____

ADHA Co-Headquarters Hotel
Hyatt Regency Columbus

- **Rate:** \$170+tax
- **Deposit:** Each reservation requires a one-night room and tax deposit.
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ADHA Headquarters Hotel
Hilton Columbus Hotel

- **Rate:** \$170+tax
- **Deposit:** Each reservation requires a one-night room and tax deposit.

Please provide credit card information below:

Credit Card Number: _____ Exp: _____ CVV: _____

Name on Card: _____

Signature: _____

Cancellation Policy: All hotel reservations must be cancelled with the hotel that the block is arranged by **Friday, May 4, 2018** to be eligible to receive the one night's deposit returned.

Deadline for Submission: Please complete and return this form on or before Tuesday, May 1, 2018 to our Exhibits Department at exhibits@adha.net. Upon receipt, ADHA will provide you with your group block confirmation along with hotel's group coordinator name for you to manage your

group block directly with the hotel.