

**Reservation Request**  
**Virginia State Beef & Dairy Conference**  
**Wednesday, February 10, 2010 – Friday, February 12, 2010**

**RESERVATION DEADLINE: Wednesday, January 13, 2010**

Reservations received after the above cut-off date or after the group block is full  
will be honored on a rate and space available basis only.

Reservations may be made by **calling:**  
The Hotel Roanoke & Conference Center  
directly at 866-594-4722  
**Be sure to ask the agent for the  
Virginia State Beef & Dairy Conference**

Or **fax** this form to:  
Reservations Department at 540-853-8264

You may also **mail** this form directly to:  
The Hotel Roanoke & Conference Center  
110 Shenandoah Avenue  
Roanoke, VA 24016  
Attn: Reservations Department

Or make your reservations **Online** at:  
<http://doubletree.hilton.com/en/dt/groups/personalized/ROASWDT-VBD-20100210/index.jhtml>

**Rates: \$115.00 per room, per night, per Single Occupancy**  
**\$115.00 per room, per night, per Double Occupancy**

**Check-in time is after 4:00 p.m.**  
**Check-out time is before 11:00 a.m.**

**Add 12% tax. (Taxes are subject to change without prior notification)**

In making your reservation, The Hotel Roanoke & Conference Center **requires** that you either:

- (1) Enclose a check or money order equal to first night's rate, plus 12% (please, no cash)
- (2) Send the entire number of your following credit card: AMERICAN EXPRESS, DINERS CLUB, VISA, MASTERCARD, CARTE BLANCHE, or DISCOVER. Please include the expiration date and your signature.

**The Hotel Roanoke & Conference Center regrets that it cannot guarantee your reservation without one of the above. Deposits will be refunded only if cancellation notice is given prior to 4:00 p.m. the day before arrival. (Please record your cancellation confirmation number).**

If more than one room, please:

- a) enclose list of names/addresses, indicating which guests share room.
- b) indicate how advance deposit should be divided (if applicable).
- c) indicate how final payment will be made (one or more payments).

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**FORM TO BE COMPLETED - PLEASE PRINT OR TYPE**

Name: \_\_\_\_\_ Group: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Arrival: Date \_\_\_\_\_ Time \_\_\_\_\_ Departure: Date \_\_\_\_\_ Time \_\_\_\_\_

Number of Rooms: \_\_\_\_\_ Names for Each Room: \_\_\_\_\_

Number of People in Each Room: Adults \_\_\_\_\_ Children under 18 \_\_\_\_\_ Number of People Sharing Room: \_\_\_\_\_

Special Requests: (**NOT** Guaranteed)     One Bed     Two Beds     Smoking     Non-Smoking  
 Handicapped Accessible

Check or Money Order Enclosed - Amount \$ \_\_\_\_\_     Credit One Room     Credit evenly among All Rooms

AMEX     CARTE BLANCHE     DINERS CLUB     DISCOVER     MASTERCARD     VISA

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

**A confirmation number will be mailed to you.**