

Reservation Request
Virginia State Beef & Dairy Conference
Wednesday, February 8, 2012 – Friday, February 10, 2012

RESERVATION DEADLINE: Wednesday, January 12, 2011

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**

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

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

Or make your reservations **Online** at:
http://doubletree.hilton.com/en/dt/groups/personalized/R/ROASWDT-VCA-20120208/index.jhtml?WT.mc_id=POG

Rates: \$123.00 per room, per night, per Single Occupancy
\$123.00 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).

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.