

# MANUFACTURER SUITE REGISTRATION

## SHDA 46TH ANNUAL INDUSTRY ADVANCEMENT SUMMIT

MONDAY, MAY 2 - THURSDAY, MAY 5, 2016 | EMBASSY SUITES DALLAS-FRISCO | FRISCO, TEXAS

Associate Members must use this form to reserve their One-on-One Conference Suites in order to secure space in the Manufacturer Room Block. Manufacturers' Suites must be reserved as a three-night package at a minimum, but a four night stay is recommended so that you can maintain your room through 5:50 pm for appointments on Thursday. Additional nights may be added to accommodate individual travel plans. Be sure to reserve your accommodations through the SHDA Office no later than April 4, 2016. You must also register as a delegate to the conference on page 4.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Company Name (as it should be listed in the Official Conference Program) \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Name(s) of person(s) sharing accommodations: \_\_\_\_\_

Number of people in room: \_\_\_\_\_ Special requests: \_\_\_\_\_

If you would like your suite to be placed next to specific companies, please list them below. SHDA will do everything it can to accommodate your request, but requests are not guaranteed. \_\_\_\_\_

To avoid suite placement near your primary competitor(s), please list them below. SHDA will do everything it can to accommodate your request, but requests are not guaranteed. \_\_\_\_\_

**Please indicate preference accommodations:**  King  Double/Double  Handicap Access \*NOTE: all rooms are non-smoking due to local laws.

**Manufacturer Suite:** \$760 – 3 night single occupancy or double occupancy (price includes room & tax)

\$1000 – 4 night single or double occupancy (price includes room & tax)

Minimum 3 night's reservation required but four is preferred to accommodate One on One Conference Schedule. Please note: This price is less than 2015!

Each additional night may be added at \$250 per night, single occupancy or double occupancy. If you are playing golf in the SHDA Golf Outing (at 8:00 am on Monday, May 2), you may need to add one or two additional nights' lodging.

- |   |                     |                       |
|---|---------------------|-----------------------|
| <input type="checkbox"/> 3 nights lodging deposit @ \$760, cash advance (check)   | Arrival Date: _____ | Departure Date: _____ |
| <input type="checkbox"/> 3 nights lodging deposit @ \$798, credit card payment    | Arrival Date: _____ | Departure Date: _____ |
| <input type="checkbox"/> 4 nights lodging deposit @ \$1,000, cash advance (check) | Arrival Date: _____ | Departure Date: _____ |
| <input type="checkbox"/> 4 nights lodging deposit @ \$1,055, credit card payment  | Arrival Date: _____ | Departure Date: _____ |
| <input type="checkbox"/> 5 nights lodging deposit @ \$1,255, cash advance (check) | Arrival Date: _____ | Departure Date: _____ |
| <input type="checkbox"/> 5 nights lodging deposit @ \$1,318, credit card payment  | Arrival Date: _____ | Departure Date: _____ |
| <input type="checkbox"/> 6 nights lodging deposit @ 1,506, cash advance (check)   | Arrival Date: _____ | Departure Date: _____ |
| <input type="checkbox"/> 6 nights lodging deposit @ \$1,582, credit card payment  | Arrival Date: _____ | Departure Date: _____ |

Your package price includes room and tax only - incidentals are on own. Suite cancellations and full refunds will be honored until Monday, March 7, 2016. Suite cancellations after this date will not be refunded unless due to a medical emergency provided in writing to SHDA Headquarters. As a courtesy, **please notify SHDA if you plan to check out before Thursday, May 5.** Partial refunds will not be provided unless due to a medical emergency provided in writing to SHDA Headquarters.

**Check-In: 3:00 pm – Check-Out: 12:00 pm** Accommodations will be confirmed with a credit card guarantee.

Credit Card:  AmEx  Visa  MasterCard  Discover

Credit Card #: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

I, \_\_\_\_\_, give authorization to SHDA Headquarters to charge my credit card.

