

# 2009 NADA HOUSING FORM

NEW ORLEANS, LOUISIANA · JANUARY 24-27, 2009

## RESERVATIONS MUST BE RECEIVED BY EXPERIENT BY DECEMBER 23, 2008

**INTERNET:**  
www.nada.org

**FAX:**  
800-521-6017 (Domestic)  
847-940-2386 (International)  
24 hours a day/7 days a week

**MAIL:**  
Experient  
568 Atrium Drive  
Vernon Hills, IL 60061-1731

**PHONE:**  
800-974-9833 (Domestic)  
847-282-2529 (International)  
8am-5pm (CT) Monday-Friday

**ALL HOUSING REQUESTS MUST BE SENT TO EXPERIENT. REQUESTS SENT DIRECTLY TO HOTELS WILL NOT BE HONORED. REQUESTS SENT TO NADA WILL BE DELAYED.**

Attendee Information

MR.  
 MS.  
 MRS.

FIRST NAME \_\_\_\_\_ INITIAL \_\_\_\_\_ LAST NAME \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

COUNTRY (If not in the US) \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

BUSINESS TELEPHONE \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

Hotel Information

### HOTEL PREFERENCE Please select a minimum of three (3) different hotels.

1ST CHOICE \_\_\_\_\_ 4TH CHOICE \_\_\_\_\_  
2ND CHOICE \_\_\_\_\_ 5TH CHOICE \_\_\_\_\_  
3RD CHOICE \_\_\_\_\_ 6TH CHOICE \_\_\_\_\_

### ARRIVAL/DEPARTURE DATES:

Arrival date: 

01		2009
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Departure date: 

01		2009
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### SPECIAL ROOM REQUESTS:

Special room requests will be forwarded to the hotel. Special requests are NOT guaranteed. Please reconfirm your special request upon check-in at the hotel.

### ROOM TYPE

- SINGLE (1 person, 1 bed)
- DOUBLE (2 ppl, 1 bed)
- DBL/DBL (2 ppl, 2 beds)
- TRIPLE
- QUAD
- 1 BEDROOM SUITE
- 2 BEDROOM SUITE
  
- KING BED\*
- TWO BEDS
- NON-SMOKING ROOM
- SMOKING ROOM
- HANDICAP ACCESSIBLE ROOM

Additional occupants in room \_\_\_\_\_

\* King beds can be requested but are not guaranteed

Payment Information

### PAYMENT INFORMATION:

Hotel requests will NOT be processed without a \$150 deposit for a standard room, \$300 for a 1-bedroom suite or \$450 for a 2-bedroom suite.

American Express    MasterCard    VISA    Check Enclosed (made out to NADA/Experient)

Card # \_\_\_\_\_ Expiration Date (Required) \_\_\_\_\_

Name on Credit Card \_\_\_\_\_ Signature \_\_\_\_\_

**THIS FORM IS FOR HOTEL RESERVATIONS ONLY.**

**Don't forget to submit the Convention Registration Form to NADA and register for the Convention.**