

OFFICIAL HOUSING FORM

Greek Orthodox Folk Dance Festival 2008

February 14-17, 2008 * Ontario, California

To make reservations on line please log on to www.gofdf.org

PLEASE TYPE OR PRINT CLEARLY:

Important Instructions

1. Please return completed form to:

Ontario Convention & Visitors Bureau
Greek Orthodox Folk Dance Festival 2008
2000 E Convention Center Way
Ontario, CA 91764

OR

Fax: 909-937-3070

E-mail: lmorales@ontariocvb.com

Only for changes, cancellations and questions you may have.

- All Requests must be received in writing...one request form per room. (No telephone reservations accepted.)
- Indicate hotel preference. Room assignments will be made in order received.
- Fill in arrival and departure dates.
- List all names of occupants of room. (Required if requesting double)
- Supplying email will expedite your acknowledgement from the housing office.
- Deadline for reservations is **January 23, 2008**.
- Changes and cancellations, prior to **January 23, 2008**, must be in writing (fax and email accepted) sent to Ontario Convention & Visitors Bureau.
- After **January 23, 2008**, call hotel to make reservations, changes, and cancellations.
- There is a 72-hour cancellation fee.

NAME _____
FIRST _____ LAST _____ M.I. _____

ORGANIZATION _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE (____) _____ FAX (____) _____

E-MAIL _____

Hotel Requested: (Please indicate 1st, 2nd, & 3rd choice)

_____ Doubletree Hotel Ontario Airport	\$127.00
_____ Marriott Ontario Airport	\$129.00
_____ Ayers Suites	\$120.00
_____ Sheraton	\$125.27
_____ Country Inn & Suites by Carlson	\$126.39 (1-4 persons) \$166.66 (2-5 persons)

Arrival Date: _____ Departure Date: _____

Type of Accommodation(s): (Room type subject to availability)

- Single (1-bed, 1 person)
 Double-Double (2-beds, 2-4 people)
 Double (1-bed, 2 people)

List all Occupant(s) of Room: _____

Special Requests: Nonsmoking Smoking Wheelchair access Other _____

Method of Payment

() check attached (Payable to: OCVB) Check # _____ Check Amount\$ _____

Reservations must be guaranteed by a one night's deposit of room plus tax of 11.85%.

Note: checks payments will be charged a \$25.00 processing fee if reservation is cancelled at any time.

Credit Card Information:

American Express Discover MasterCard Visa

Card Number: _____ Expiration: _____

Card Holder Name: (Print as it appears on card): _____

Card Holder's Signature _____