

**57<sup>th</sup> General Council**  
**August 7-11, 2017 · Anaheim, California**  
**OFFICIAL HOTEL RESERVATION FORM**  
**Reservation Deadline: July 5, 2017**



**CONTACT INFORMATION**

First Name:		Last Name:			
Company:					
Address:					
City:		State:		Zip:	Country:
Phone:		Fax:			
Email (required to receive confirmation):					

**HOTEL SELECTION:** Review hotels below and indicate your hotel choices in order of preference. Requests will be honored on a first-come, first-served, space available basis. Submit your request as soon as possible for the best opportunity of receiving your hotel choice.

Preference	Hotels	Single	Double	Triple	Quad
	Anabella Hotel	\$135	\$135	\$135	\$135
	Clarion Hotel Anaheim Resort	\$135	\$135	\$135	\$135
	Hilton Anaheim	\$154	\$154	\$154	\$154
	Hyatt Regency Orange County	\$139	\$139	\$139	\$139
	Anaheim Marriott Hotel	\$179	\$179	\$179	\$179
	Red Lion Hotel Anaheim Resort	\$129	\$129	\$129	\$129

**ROOM INFORMATION:** Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

**ROOM TYPE**       Single (1 bed/1 person)       Double (1 bed/2 persons)       Double (2 beds/2 persons)  
 Triple (2 beds/3 persons)       Quad (2 beds/4 persons)

List names of all room occupants: 1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

Check here if you have a disability requiring special services       Non-Smoking       Smoking

Special Requests: \_\_\_\_\_

**IMPORTANT INFORMATION**

**DEPOSIT:** All reservation requests must be accompanied by a credit card guarantee or check in the amount equaling a deposit for one night's room and tax for each room reserved. Tax is currently 17% (subject to change). Forms received without a valid guarantee/deposit will not be processed. **Check deposits must be received no later than July 5, 2017.**

Your hotel reserves the right to charge this card a deposit for one night's room & tax for each room reservation on or after July 5, 2017. This credit card must be valid through August 2017.

Amex       MasterCard       Visa       Discover       Check payable to Orchid Event Solutions      Check # \_\_\_\_\_

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**CANCELLATION:** Any reservation cancelled after **May 23, 2017** will be subject to a \$50 processing fee. Deposit of one night's room and tax will be forfeited entirely if cancellation occurs within 72 hours of arrival date.

**Return completed form to Orchid Event Solutions:**

**Mail:**  
175 S. West Temple, Suite 30  
Salt Lake City, UT 84101

**Email:** [help@orchideventsolutions.com](mailto:help@orchideventsolutions.com)

**Fax:** 801-355-0250

(877) 505-0679 US Toll-free  
(801) 505-4617 International  
7:00 am – 6:00 pm MST, Mon–Fri