

International Catholic Deaf Association

July 16 – 22, 2009

Hotel Reservation Form



RENAISSANCE®
CLEVELAND HOTEL

24 Public Square · Cleveland, Ohio · 44113

Please reserve your hotel room by any of the following methods by June 15, 2009:

Via internet @ <http://www.marriott.com/clebr>

(Use ICDICDA code to receive group rate with one bed or ICDICDB code to receive group rate with two beds)

Or

Call Either Toll Free: 1-800-468-3571 or Direct Line: 216.696.5600

Or

*Complete and return this form via fax to
216-902-4029 Attn: Reservations*

Cut Off Date to reserve a room is **JUNE 15, 2009**. Reservations received after June 15, 2009 are based on availability.
For revisions or cancellations, please contact our Group Reservations Department via the above methods.

Name: _____

Phone: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Individual Sharing Room (if applicable): _____

Accommodations:

Arrival Date: _____ Arrival Time: _____

Departure Date: _____ Departure Time: _____

Room Type (please check one - all rooms are non-smoking):

Single Bedded Room (Rate \$129.00)

Double Bedded Room* (Rate \$129.00)

* limited number – may not be guaranteed

Payment (please provide one or reservation will not be held without method of payment included)

Guaranteed First Night Deposit plus state & local taxes (check or money order is enclosed)

Guaranteed by Credit Card (American Express, Visa, MasterCard, Discover)

Name on Card: _____

Credit Card Number: _____ Exp. Date: _____

All rates are subject to City and State Taxes. Check-in time is 3:00 p.m. Check-out time is 12:00 Noon.

I hereby agree to pay for one night's accommodation should cancellation be made after 4:00 p.m. day of arrival.

Signature: _____ **Date:** _____