

RADISSON RIVERWALK HOUSING RESERVATION FORM

DEADLINE TO MAKE YOUR RESERVATION IS MARCH 16, 2005

Mail Housing Form Directly to:

Radisson Riverwalk
200 North Ashley Drive
Tampa, Florida 33602
or

• Do not mail after faxing this form

(LIMITED NUMBER OF ROOMS AVAILABLE)

Fax: 813-221-5292

or

Phone: 813-223-2222

DO NOT MAIL AFTER FAXING

(Must Specify Attending APS Meeting)

Last Name _____ First Name _____ M.I. _____

Company/Institution _____

Street Address _____

City _____ State _____ Zip/Postal Code _____ Country _____

Phone () _____ FAX () _____

Arrival Date _____ Departure Date _____

Circle One	SINGLE	DOUBLE	TRIPLE	QUAD
	\$89	\$89	\$99	\$109

Requests will be processed on a first-come, first-served basis

Special needs: _____ Smoking NonSmoking Handicapped Accessible 

Room rates quoted above are subject to a 12% state, city and room tax

Name(s) of ALL room occupants: _____

ROOM REPOSIT INFORMATION

All reservations must be guaranteed by providing a major credit card. *Reservations not guaranteed* will not be processed. Deposit guarantee will be charged to the credit card supplied at the time the reservation is booked. I understand that if I do not arrive or cancel within 48 hours of my arrival date, I will be liable for my first night's deposit. Reservations are processed on a first come, first served basis.

Please bill my: AMEX VISA MasterCard Discover Diners

Card Number _____ Expiration _____

Name on Card _____ Signature _____

- Please read all hotel information prior to completing and submitting this form.
- Keep a copy of this form. Use one form per room required.
- Please contact hotel directly for any reservations, revisions or cancellations.
- The hotel must receive room cancellations at least 48 hours prior to arrival for refund.