OFFICIAL HOUSING FORM

Greek Orthodox Youth Dance Festival – Annual Dance Competition 2009
February 10-17, 2009 * Ontario, California

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

PLEASE TYPE OR PRINT CLEARLY:

Important Instructions

1. Please return completed form to:

Ontario Convention & Visitors Bureau	OR	Fax: 909-937-3070
Greek Orthodox Youth Folk Dance & Choral Festival		E-mail: lmorales@ontariocvb.com
2000 E Convention Center Way		Only for changes, cancellations and
Ontario, CA 91764		questions you may have.

2. All Requests must be received in writing…one request form per room. (No telephone reservations accepted.)
3. Indicate hotel preference. Room assignments will be made in order received.
4. Fill in arrival and departure dates.
5. List all names of occupants of room. (Required if requesting double)
6. Supplying email will expedite your acknowledgement from the housing office.
7. Deadline for reservations is **January 26, 2009**.
8. Changes and cancellations, prior to **January 26, 2009**, must be in writing (fax and email accepted) sent to Ontario Convention & Visitors Bureau.
9. After **January 26, 2009**, call hotel directly to make reservations, changes, and cancellations.
10. There is a 72-hour cancellation fee.

NAME _____
FIRST LAST M.I.

ORGANIZATION _____

ADDERSS _____

CITY_____ STATE _____ ZIP CODE _____

TELEPHONE (____) _____ FAX (_____)_____

E-MAIL _____

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

_____ Doubletree Hotel Ontario Airport	$129.00 (1-4 persons) (rate includes tax) $9.75 parking fee will apply to all guests per vehicle per day
_____ Marriott Ontario Airport	$129.00 (1-4 persons) (rate includes tax)
_____ Ayres Suites -OCC	$129.00 (1-4 persons) (rate includes tax)
_____Country Inn & Suites by Carlson	$129.75 (1-3 persons) 1 bedded room, $129.75 (1-4 persons) two bedded room $170.01 (2-5 persons) 2 bedroom suite w/ sofa sleeper and full kitchen (rates include tax)

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.

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_____