



# 2009 CONVENTION HOUSING FORM

MEET. LEARN. SUCCEED

NCPA 111TH ANNUAL CONVENTION AND TRADE EXPOSITION  
ERNEST E. MORIAL CONVENTION CENTER • NEW ORLEANS, LOUISIANA  
OCTOBER 17-21, 2009

## Four Easy Ways to Register:

1. Online [www.ncpanel.org](http://www.ncpanel.org)
2. Secure Fax 888-267-0943
3. Phone 866-575-4134  
404-584-7458 Int'l
4. Mail NCPA c/o Ambassadors  
240 Peachtree St., Suite 22-S-10  
Atlanta, GA 30303

**HOUSING RESERVATION DEADLINE**  
September 15, 2009

Only one hotel room per form. Please make copies if necessary.

## ATTENDEES INFORMATION SEND CONFIRMATION TO: (PLEASE PRINT CLEARLY) (REQUIRED FIELDS †)

† LAST NAME

† FIRST NAME

† COMPANY/ORGANIZATION

† STREET ADDRESS

† CITY/STATE/ZIP

† DAYTIME PHONE

FAX

E-MAIL

† EMERGENCY CONTACT NAME

† EMERGENCY TELEPHONE NUMBER

Registrant  Exhibitor

## HOTELS AND RATES

★ Shuttle bus service provided to Convention Center from these host hotels.

### ★ Sheraton New Orleans

\$215 Single or Double

plus applicable taxes (Shuttle Service)

### Renaissance Arts

\$229 Single or Double

plus applicable taxes (1 block)

### ★ New Orleans Marriott

\$199 Single or Double

plus applicable taxes (shuttle service)

### Courtyard by Marriott

\$194 Single or Double

plus applicable taxes (1 block)

### ★ Westin Riverfront

\$199 Single or Double

plus applicable taxes (shuttle service)

### Spring Hill Suites by Marriott

\$194 Single or Double

plus applicable taxes (1 block)

### Marriot Convention Center

\$229 Single or Double

plus applicable taxes (1 block)

## HOTEL SELECTION

NCPA convention housing is based on availability on a first-come, first-served basis; rooms and rates cannot be guaranteed.

1ST CHOICE: \_\_\_\_\_ 2ND CHOICE: \_\_\_\_\_

3RD CHOICE: \_\_\_\_\_ 4TH CHOICE: \_\_\_\_\_

### Arrival/Departure

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

**Room Information** Please provide the names of all persons (up to a maximum of 4) to occupy the room and indicate the room type below.

Room occupants: \_\_\_\_\_

Honored based on availability at check in.

Single  Double (2 ppl/1 bed)  Double/Double (2 ppl/2 beds)

### Special Requests

I require an ADA accessible room. I may need special assistance from hotel in the event of an emergency.

Other needs (Attach separate sheet to describe)

## METHOD OF DEPOSIT (REQUIRED FIELDS †)

Hotel requires a first-night deposit (room and tax) to guarantee reservations. Reservations must be canceled at least 72 hours before arrival date to avoid loss of deposit.

Charge my credit card (card will be charged by the hotel approximately two-three weeks prior to the convention):

American Express  Discover  MasterCard  Visa

† CARD NUMBER \_\_\_\_\_ † EXP DATE \_\_\_\_\_ † SECURITY CODE \_\_\_\_\_

† CARDHOLDER NAME (PLEASE PRINT) \_\_\_\_\_

† CARDHOLDER SIGNATURE \_\_\_\_\_