

# Hotel Reservation Form

**Cattle Industry Annual Convention & NCBA Trade Show**  
**January 28-31, 2009 • Phoenix, Arizona**  
**Reservation Cut-Off Date: January 5, 2009**

**MAIL TO:**  
NCBA/Phoenix Housing Bureau  
400 E. Van Buren St., Suite 600  
Phoenix, AZ 85004  
or  
Fax to: (602) 256-5292

- ATTENDEE  
 EXHIBITOR

Reservations will not be processed if form is incomplete. Keep a copy of this form for your records. Do not mail this form if you faxed it. Acknowledgements are emailed, faxed, or mailed only to the name listed in field #6. This form is designed for reserving one hotel room—photocopy this form if you need more than one room. Please type or print clearly in black ink. If you wish to reserve your hotel room on-line, visit our web site at [www.BeefUSA.org](http://www.BeefUSA.org).

1. ARRIVAL DATE: \_\_\_\_\_ DEPARTURE DATE: \_\_\_\_\_

2. SELECT FOUR HOTELS: Rooms are assigned first come/first served. If choices are not available, a room will be secured at a hotel based on your preference of rate or proximity and availability. Please write out hotel name clearly:

1st Choice \_\_\_\_\_ 2nd Choice \_\_\_\_\_

3rd Choice \_\_\_\_\_ 4th Choice \_\_\_\_\_

3. If hotel choices are sold out, which is more important?  Room Rate  Location

4. CHECK APPROPRIATE BOX:

One Person/One Bed

Two People/One Bed

Two People/Two Beds


Total Number of People In Room: \_\_\_\_\_

Hospitality Suite Requests: Contact NCBA at (303) 694-0305.

The NCBA Housing Bureau will request room types based on availability.

5. ROOM REQUESTS:

Smoking  Non-Smoking

Check here for disability  Please specify: \_\_\_\_\_

6. SEND ACKNOWLEDGEMENT BY (check one)  EMAIL or  FAX or  MAIL TO:

\_\_\_\_\_  
(First Name) (Middle Initial) (Last Name)

\_\_\_\_\_  
(Affiliation/Company Name)

\_\_\_\_\_  
(Street Address or P.O. Box Number)

\_\_\_\_\_  
(City) (State/Province) (Country) (Zip Code or Postal Code)

\_\_\_\_\_  
(Daytime Phone Number) (Fax) 24-hour dedicated line (Email Address)  
(If International, indicate Country/City Code)

7. LIST ALL ROOM OCCUPANTS (first & last name) 1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

8. INDICATE FORM OF PAYMENT: All reservations require a one-night room & tax deposit. The hotel will hold your credit card for this deposit or you may send a check made out to the NCBA/Phoenix Housing Bureau and include it with your Hotel Reservation Form. If you do not provide a credit card or enclose a check, your form will not be processed.

\_\_\_\_\_  
Type of Card (AE, MC, VISA) Credit Card Number Exp. Date Name on Card Signature

9. List special needs or other requests: \_\_\_\_\_

Special requests cannot be guaranteed. Hotels will do their best to honor all requests and, based on availability, will assign specific room types upon checkin.

CANCELLATIONS/CHANGES: Contact the NCBA/Phoenix Housing Bureau until January 12, 4:00 pm MST. After this date, call your assigned hotel directly. Reservations will be acknowledged by the NCBA/Phoenix Housing Bureau within 10-14 days of receipt of this form. **Make air reservations before filling out arrival/departure dates on this form.** Please review and understand all cancellation policies and fees when making your reservation; see the full details on pages 16-17.