

**MISSOURI LIBRARY ASSOCIATION
2009 ANNUAL CONFERENCE
October 7-9, 2009**

SLEEPING ROOM RESERVATION FORM

As a result of an unexpected change in the 2009 University of Missouri football game schedule and a shift from a Saturday, 10.10.09, to a Thursday, 10.8.09, MU versus Nebraska televised night game, Columbia hotels are preparing for an unusually high demand for mid-week sleeping room reservations. In order to ensure that only MLA annual conference attendees, presenters, and trade show exhibitors are assigned to the MLA conference sleeping room block, the following form is required in order to secure a sleeping room reservation.

If this form is not completed and returned to the Holiday Inn Select Executive Center, a sleeping room **WILL NOT** be held for you.

PHONE RESERVATIONS WILL NOT BE ACCEPTED FOR SLEEPING ROOMS.

Please complete the form below and fax it to 573.446.1159, e-mail it to reservationshsec@socket.net, or mail it to the hotel directly.

The MLA conference single, double, triple, and quad room cost per night per room is \$94.95 plus tax (11.55%) and the \$1.95 hotel services surcharge for a grand total of \$107.87 per room per night. If you are eligible for a state tax exemption, you will need to provide a copy of your state tax exemption letter, and your total rate will be \$100.70 per room per night. A limited number of Parlor Room Suites are also available at the rate of \$195.00 per night plus tax and surcharge.

All sleeping room cancellations must be received by 6 pm one day prior to your arrival. Cancellations may be e-mailed to reservationshsec@socket.net.

Please completely fill out for proper processing. If sharing a room, designate one person to complete form.

Contact Name:					
Street Address:		City:		State:	ZIP:
Daytime Phone:				# of Rooms:	
Arrival Date:			Departure Date:		
Room Type:	Single (1 person/1 bed):		Triple (3 people/2 beds):		
(Mark with an X)	Double (2 people/1 bed):		Quad (4 people/2 beds):		
	Double/Double (2 people/2 beds):		Handicap Room:		
Occupants:					
(Up to 4)					
Please Guarantee My Room(s) with:	Credit Card Number:			Expiration Date:	

Or, I have attached a check for one night's deposit in the amount of \$_____ per room. _____ Please initial.

Return this form to:

Holiday Inn Select Executive Center
Attn: Tim Bargar
2200 I-70 Dr SW
Columbia, MO 65203

Fax: 573-446-1159

Or, scan and e-mail to reservationshsec@socket.net

