

# HOTEL RESERVATION REQUEST FORM

Reservations Fax: 520-529-2980



Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Arrival Date & Time (Please specify AM or PM): \_\_\_\_\_

Departure Date & Time (Please specify AM or PM): \_\_\_\_\_

Email address for confirmation: \_\_\_\_\_

## Accommodations/Rates:

**Reservations must be received by Friday, March 26, 2010 in order to receive the special group rate. Reservations received after Friday, March 26, 2010 will be accepted at the group rate on a space available basis. Children under 18 years of age sharing a room with parents are free. The rates quoted are subject to the current 12.05% tax. Traditional rooms will be assigned throughout the hotel based on availability. One-bedroom suites will have mountain, city or desert views. Room requests will be honored on a space available basis.**

- Check desired accommodations:
- |   |  |                                   |                               |  |
|---|--|-----------------------------------|-------------------------------|--|
| <input type="checkbox"/> Traditional Room Single/Double Occupancy - \$259.00<br><i>450 sq. ft. with 2 full-sized beds or a king-sized bed</i> |  |                                   |                               |  |
| <input type="checkbox"/> One Bedroom Luxury Suite - \$625.00<br><i>750 sq. ft. with king-sized bed</i>  | <input type="checkbox"/> One Bedroom Grand Suite - \$995.00<br><i>950 sq. ft. with 2 double beds OR king-sized bed</i> |                                   |                               |  |
| <input type="checkbox"/> Smoking  | <input type="checkbox"/> Non-Smoking   | <input type="checkbox"/> ADA Room | <input type="checkbox"/> King | <input type="checkbox"/> Two Double Beds |

One-night's advance deposit or credit card number is required in order to guarantee the reservation. Should you decide to cancel, your money will be refunded if you notify the hotel at least seven (7) days prior to arrival, or if the room is resold.

- Check enclosed (Payable to The Loews Ventana Canyon Resort)
- VISA    American Express    MasterCard    Discover    Diners Club

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder Name (as it appears on card) \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

- ▶ Check-in time at the hotel is 4:00 pm. Check-out time is 12:00 pm.
- ▶ A credit card is required to guarantee the reservation.
- ▶ No charges will apply if you cancel at least four (4) days prior to the arrival date. After that time, a one-night's room rate will be charged unless the room is resold.

## MAIL OR FAX THIS FORM TO:

**Loews Ventana Canyon Resort, 7000 North Resort Drive, Tucson, AZ 85750**  
ATTN: Reservations Department  
**Phone: 800-234-5117; Reservations Fax: 520-529-2980**

**Keep a copy for your records!**  
**2010 SIGMA Spring Convention**  
**Loews Ventana Canyon Resort**  
**Tucson, AZ**  
**April 29 – May 2, 2010**