



INTERCONTINENTAL HOTEL RESERVATION REQUEST FORM

MAKE RESERVATIONS EARLY.

DEADLINE TO MAKE HOTEL RESERVATIONS: NOVEMBER 18, 2009

1. Reservation Information

No. of Persons: _____

Arrival Date: _____

Arrival Time: _____ am/pm

Departure Date: _____

Check-in time: 4:00pm; Check-out time: 12:00 noon

SPECIAL HOTEL RATE:

STANDARD Single/Double: \$190 plus 13% Sales Tax

CLUB Single/Double: \$269 plus 13% Sales Tax

ROOM TYPE DESIRED:

Smoking Non-Smoking

STANDARD CLUB

Single (1 bed, 1 person)

Double (1 bed, 2 people)

Double/Double (2 beds, 2 people)

Additional Person(s) — Third & Fourth Occupant
\$30.00 per person.

▪ For Suite Information, please contact Sally Yearwood-Baker, CCAA Deputy Executive Director, at 202-331-9467 ext. *813 or via Email at sybaker@c-caa.org.

▪ Given that a limited number of rooms are available, requests will be fulfilled on a "first-come, first-served" basis.

▪ All attendees are responsible for making their own hotel reservations. The negotiated rate will be honored until November 18, 2009 or until CCAA's room block is filled.

▪ **Reservation will not be processed without payment.**

Check here for Accessible Accommodations:

Special Requests Needed fill your information below:

2. Contact Information:

Ms. Mrs. Mr. Other _____

First Name: _____ Last Name: _____

Title: _____

Company: _____

Address: _____

City: _____ State: _____

Country: _____ Zip Code: _____

Telephone: _____

Fax: _____

Email: _____

3. Payment Instructions:

All reservations must be guaranteed with first night's deposit to credit card and guaranteed for late arrival. The InterContinental Hotel will provide confirmation within seven days of receipt. Deposits will be forfeited entirely if cancellation is not made prior to 72 hours before arrival date. Penalties for early departure are enforced. To avoid an early departure charge, be sure to verify your actual date of departure at the time of check-in.

AMERICAN EXPRESS

VISA

MASTERCARD

DINERS CLUB

CHECK OR MONEY ORDERS ENCLOSED PAYABLE TO:

INTER-CONTINENTAL HOTEL MIAMI

Card Number: _____

Expiration Date: _____

Cardholder Name: _____

Signature: _____

TO MAKE HOTEL RESERVATIONS OR CHANGES:

PHONE: (305) 577-1000 OR (800) 327-3005

RESERVATION CODE: CARIBBEAN-CENTRAL AMERICAN ACTION

FAX: 305- 372 4720 - CREDIT CARD PAYMENT ONLY

• 24 HOURS DAILY

• IF FAXING, DO NOT MAIL THE ORIGINAL FORM

MAIL: INTERCONTINENTAL HOTEL MIAMI

100 CHOPIN PLAZA

MIAMI, FL 33131