Hotel Reservations Information Form
2008 ACTE NPS with Ag Ed Strand
Quality Inn Iwo Jima -- $139 plus taxes per night, single or double occupancy
March 9-12, 2008

Name: (Dr., Mr., Ms., Mrs.) _____

Address: _____
(street, route, etc.)

_____
(city) *(state)* *(zip)*

Daytime Phone Number: _____ Home Phone Number: _____
(including area code) *(including area code)*

Complete E-mail Address: _____

Room Preference: _____ Single _____ Double

Smoking Preference: _____ Smoking Room _____ Non-smoking Room

Hotel Check-in Date: _____

Hotel Check-out Date: _____

Would you like NAAE to ***TRY*** to find a roommate for you: _____ Yes _____ No

Note: NAAE will hold the reservation for you on our master account. However, you must present your credit card at check-in for the entire cost of your hotel sleeping rooms.

Please address your questions to Alissa Smith by calling (859) 257-2224 or (800) 509-0204, or by sending e-mail to ASmith.NAAE@uky.edu. Please FAX this completed form to the NAAE office no later than February 8, 2008. The NAAE FAX number is (859) 323-3919.

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