

Hotel Information

Reservation Information

More than 1,000 hotel rooms, at six hotels, all within 10 minutes of the Columbus Convention Center, are reserved for the OTA conference. Hotel reservations are handled by the Columbus Housing Bureau. You may register one of two ways:

1. **Register online.** To register online, you must have a credit card and valid e-mail address. Visit www.ohiotownships.org and click on "Make hotel reservations." Please note: this is the preferred method of registration by the Housing Bureau.
2. **Mail or fax your reservation.** If you choose not to register online, complete this form and mail it to 277 W. Nationwide Blvd., Suite 125, Columbus, Ohio 43215 or fax to 614-222-6140. Make check or money order as listed below payable to the GCCVB. Credit cards are encouraged.

*Regardless of the registration method, you will receive confirmation from the Housing Bureau via e-mail, fax or mail.

*Do not send your housing request to the Ohio Township Association, it will NOT be processed.

A few reminders...

1. The hotel reservation cut-off date is Friday, Jan. 29, 2010. After this date, availability may be limited and room rates subject to change.
2. Changes and cancellations prior to Thursday, Feb. 11, 2010, can be made using the online reservation system or e-mailed to housing@experiencecolumbus.com. If you do not have Internet access, make your request in writing and mail or fax to the above information. To cancel a reservation after Feb. 11, contact your hotel directly. You will be charged a \$25 fee.
3. No shows will be billed for one room night.

Hotel Preference

Rank your hotel preference 1-6 and circle your preferred room type.

Preference	Hotel	Single	Double	Triple	Quad/Suite
_____	Hyatt Regency	\$139	\$149	\$149	\$149
_____	Crowne Plaza	\$144	\$144	\$154	\$164
_____	Doubletree Suites	\$138	\$138	\$138	\$138
_____	Drury Inn & Suites	\$129	\$129	\$139	\$139
_____	Hampton Inn	\$129	\$139	\$139	\$139
_____	Red Roof Inn	\$113	\$113	\$113	\$113

Smoking Preference: _____ Smoking _____ Non-Smoking

Personal Information

Name: _____ Name of Person(s) Sharing Room: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail Address: _____

Arrival Date: _____ Departure Date: _____

Deposit Amount: _____ Check #: _____ Money Order: _____

Credit Card: Visa MasterCard American Express

Card #

Expiration Date

Signature