

# Reservation Request

## VHIMA

Tuesday, April 25, 2007 – Friday, April 27, 2007

### RESERVATION DEADLINE: Tuesday, April 10, 2007

Reservations may be made by **calling**:

The Hilton Garden Inn at  
1-877-STAYHGI

Or fax this form to:  
Reservations Department at 540-548-8820

Or make reservations Online at:  
<http://fredericksburg.stayhgi.com>

You may also **mail** this form directly to:

The Hilton Garden Inn  
1060 Hospitality Lane  
Fredericksburg, VA 22401  
Attn: Reservation Department

Use Group Code **“HIM”** when reserving a room(s)

**Rates: \$109.00 per room, per night Single/Double Occupancy**  
**Add 10% tax.**

**Check in time is 3:00 p.m.**  
**Check out time is 11:00 a.m.**

In making your reservation, The Hilton Garden Inn requires that you either:

- (1) Enclose a check or money order equal to first night's rate, plus 10% (please no cash)
- (2) Send the entire number of your following credit card: AMERICAN EXPRESS, DINERS CLUB, VISA, MASTERCARD, CARTE BLANCHE, or DISCOVER. Please include the expiration date and your signature.

**The Hilton Garden Inn regrets that it cannot guarantee your reservation without one of the above. Deposits will be refunded only if cancellation notice is given prior to 4:00 p.m. the day of arrival. (Please record your cancellation confirmation number.)**

If more than one room, please:

- a) enclose list of names/addresses, indicating which guests share room.
- b) indicate how advance deposit should be divided (if applicable).
- c) indicate how final payment will be made (one or more payments).

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#### FORM TO BE COMPLETED – PLEASE PRINT OR TYPE

Name \_\_\_\_\_ Group \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_  
Arrival Date \_\_\_\_\_ Time \_\_\_\_\_ Departure Date \_\_\_\_\_ Time \_\_\_\_\_

Number of Rooms \_\_\_\_\_ Name for Each Room \_\_\_\_\_  
Number of Guests in Each Room: Adults \_\_\_\_ Children under 18 \_\_\_\_ Number of People Sharing Room \_\_\_\_\_  
Special Requests (Not Guaranteed) \_\_One Bed \_\_Two Beds \_\_Smoking \_\_Non Smoking \_\_Handicapped Accessible

\_\_Check or Money Order Enclosed – Amount \$ \_\_\_\_\_ \_\_Credit One Room \_\_Credit evenly among All Rooms  
\_\_AMEX \_\_CARTE BLANCHE \_\_DINERS CLUB \_\_DISCOVER \_\_MASTERCARD \_\_VISA

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

A confirmation number will be mailed to you.