
**Central States Conference on the Teaching of Foreign Language
March 10 – 12, 2005**

HYATT REGENCY COLUMBUS RESERVATION FORM

Return this form to: Mail to: Reservations Department, Hyatt Regency Columbus
350 North High Street, Columbus, OH 43215
Fax to: 614-280-3038 or call 800-233-1234 or 614-463-1234

Please type or print:

Name: _____

Sharing Room with:

1) _____ 2) _____ 3) _____

(If sharing room, all names of roommates must be provided prior to arrival.)

If sharing room, please check one:

_____ Guest room rate should be split evenly between each roommate.

_____ Guest room rate should be applied to only one roommate, _____
(Name)

Address: _____

City: _____ State: _____ ZIP: _____

Daytime Phone: _____ Email Address: _____

Arrival Date: _____ Departure Date: _____ Gold Passport #: _____

Please make the following reservations: (Only one room may be reserved per person)

_____ Single (one person) @ \$109.00 plus *16.75% tax

_____ Double (two persons, two beds) @ \$109.00 plus *16.75 tax

_____ Double (two persons, one bed) @ \$109.00 plus *16.75% tax

_____ Triple (three persons) @ \$112.00 plus *16.75% tax

_____ Quad (four persons) @ \$112.00 plus *16.75% tax

*** If tax exempt, see reverse side of this form.**

Special Requests: (i.e., Non-smoking, handicap room, etc.) _____

Your special requests are based upon availability at time of arrival. Check-in time is 3 p.m. Check out is 12 noon. Rollaway beds are allowed in King bedded rooms only at a nightly fee of \$15.00.

Hyatt Regency Columbus requires your credit card number or a one night's deposit by check to accompany this Reservation Request Form in order for your reservation to be made.

Please guarantee reservation with: _____ Check Enclosed _____ Credit Card

Card Type & Number: _____ Expiration Date: _____

Signature: _____

Cut Off Date: Reservations must be received no later than Wednesday, February 9, 2005. After that date reservations will be accepted on a space and rate availability basis only. Full refund of deposit will be made upon cancellation of your room reservation if it is received by 3:00pm on the day prior to your arrival.

IN ORDER TO EXERCISE TAX EXEMPT STATUS
PLEASE SEND THE FOLLOWING WITH YOUR REGISTRATION

- A form from the Internal Revenue Service/Department of Treasury stating your exemption status must fall under section 501(c) or 501(c) 4 in order to qualify for exemption from the Ohio Sales Tax of 5.75%.
- If paying by **CHECK**, the check must be drawn on the Tax Exempt Group/Organization's Funds. A 501(c) 3 or 501 (c) 4 form must accompany the check.
- If paying by **CREDIT CARD** (such as a municipality credit card), the state of Ohio will only accept credit card with "Tax Exempt" imprinted below the name of the tax-exempt organization appearing under the cardholder's name. A 501(c) 3 or 501 (c) 4 form must accompany the credit card.
- Tax exempt status applies only to Ohio State Sales Tax and not to other city or hotel taxes (5.75% of the total 16.75%)
- The Group/Organization must settle their outstanding balance with the hotel before a Tax Exemption may be posted.

Please mail or fax your tax exemption form along with your registration form to the Hyatt Regency Columbus prior to the annual meeting. The fax number is 614-280-3038.