



GROUP RESERVATION FORM

NLGI 77th Annual Meeting – June 12-15, 2010

Name _____

Firm _____

Street Address _____

City _____

State _____ Zip Code _____

Country _____

Telephone (_____) _____

Email Address _____

Arrival Date/Time _____

Departure Date/Time _____

Sharing with _____

Accommodations

| | |
|---------------|----------------------------------|
| Single/Double | \$189.00 (ROH) |
| Bay Suite | \$390.00 (Based on availability) |
| Island Suite | \$490.00 (Based on availability) |

____ SINGLE (ONE PERSON) NO. OF ROOMS: _____
 ____ DOUBLE (TWO PEOPLE) NO. OF ROOMS: _____
 ____ SUITES (TWO PEOPLE)

SPECIAL ROOM REQUEST(S): _____

RESERVATIONS RECEIVED AFTER MAY 10 WILL BE CONFIRMED BASED ON AVAILABILITY.

Room types and special requests such as bed types and connecting rooms are subject to availability. Please note that check-in time is 4:00 PM and checkout time is 11:00 AM.

Self parking is complimentary. Valet parking is \$20 per day.

Guarantee

All rooms **MUST** be guaranteed by major credit card. Non-guaranteed reservations will **NOT** be accepted.

CREDIT CARD INFORMATION

Please check credit card type and complete the information requested below:

- American Express
- Visa
- MasterCard
- Diners Club
- Discover

Card Holder's Name _____

Signature _____

Account Number _____

Expiration Date ____ / ____ / ____

I, _____, hereby authorize the Hyatt Regency Coconut Point Resort to charge my credit card in the event of a late cancellation within (5) days of arrival, or no show, for one night's Room & Tax.

Please Return Form with a Copy of the Front & Back of Your Credit Card

Cancellation

Please be advised that a full night's room and tax will be charged for cancellations received less than (5) days prior to your scheduled arrival. Once registered, a \$50.00 fee will be assessed for early departures.

Room rates do not include applicable State, City, and Local Taxes, currently at 11%.

**PLEASE RESPOND VIA FAX OR CALL:
Fax: (239) 390-4325, Phone: (800) 233-1234**

