



Reservation Request

Virginia College of Emergency Physicians

February 10-12, 2009

The following daily rates are per room, per day based on the European Plan (No Meals).

Please circle preferred rate:

ROOM:

Single Occupancy Double Occupancy
\$100.00 Per Room \$100.00 Per Room

SUITES:

(Based on availability)

Junior: Single - \$220.00 Double - \$220.00
One Bedroom: Single - \$320.00 Double - \$320.00
Two Bedroom: Available Upon Request

Children sharing room with parents:

0 to 18 years - Complimentary Additional Adult - \$90.00 Per Person, Per Day

The following daily rates are per room, per day based on the Modified American Plan (Breakfast and Dinner).

Please circle preferred rate:

ROOM:

Single Occupancy Double Occupancy
\$195.00 Per Room \$280.00 Per Room

SUITES:

(Based on availability)

Junior: Single - \$315.00 Double - \$400.00
One Bedroom: Single - \$415.00 Double - \$500.00
Two Bedroom: Available Upon Request

Children sharing room with parents:

0 to 5years – Complimentary 6 to 12 years -\$ 20.00
13 to 18 years - \$90.00 Additional Adult - \$90.00 Per Person, Per Day

15% resort service fee is additional. Package prices are subject to applicable state and local taxes (currently 7%) in effect at the time of check-in.

Arrival date: _____/Time: _____ Departure date: _____/Time: _____

Name (please print) _____ No. of adults _____

Room mate (if applicable) _____

Address _____

City _____ State _____ Zip Code _____

Daytime Telephone _____ FAX _____

Email Address: _____

Children's names and ages: _____

An advance deposit **equal to one night's room rate** is required to guarantee your reservation. **Early mailing of reservations is highly recommended.** Confirmed reservations are based on room availability. Reservations must be received by January 9, 2009 or until the room block has been filled. Deposit may be made with Visa, MasterCard, American Express, Diner's Club, and Discover, **which will be charged when reservation request is received.** If deposit is by check payment must be received with this reservation request. **Deposit is refundable if notice of cancellation is received at least 7 days prior to the scheduled arrival date.**

Credit Card No. _____ Expiration date _____

Visa ___ MasterCard ___ American Express ___ Discover ___ Diner's Club

Advance reservations and appointments are required for all evening dining and recreation to ensure preferred times. Please call 800-838-1766.

Check in time is after 4:00 p.m. Check out time is before 12:00 noon.

Reservations request made by: _____ Date: _____

Dress: During the day, casual attire is preferred. Jeans and bathing suits are discouraged in The Great Hall. In the evening, jacket and tie are required in The Dining Room and jackets elsewhere. Casual attire is welcomed at Sam Snead's Tavern and the Player's Pub.

Mail to: Group Reservations, P.O. Box 2000, Hot Springs, Virginia 24445

FAX request may be sent to 540-839-7922 / e-mail: Linda.Adwell@thehomestead.com

Reservations by fax, e-mail or mail only, no phone calls please.

Reservations will be confirmed by e-mail. Visit our website at www.thehomestead.com