

May 6-10, 2009

National High School Mock Trial Championship—Atlanta, Georgia

# HOTEL RESERVATION FORM

FOR JUDGING PANEL & BOARD MEMBERS

Due by 10 April 2009



State Delegation: \_\_\_\_\_

**INSTRUCTIONS:** Complete this form to make room reservations at the host hotel in Atlanta (The Hyatt Regency Downtown Atlanta—see the Tournament Information Handbook for Judging Panels for more details). The room rate is **\$135/night** (inclusive of tax). This rate is only available until **10 April**. Room reservations for the mock trial block will be accepted only until **10 April**—rooms may not be available at the host hotel after this date. Room reservations must be made using this form and no other. Reservations MAY NOT be made directly with the hotel. Room confirmation numbers will be forwarded to the judging panel volunteers and/or Board members by Friday, 24 April.

## DUPLICATE THIS FORM FOR ADDITIONAL ROOMS.

I am a:

**Judging Panel Volunteer**

**Board Member**

*Please print (or type) legibly. Thank you!*

**PRIMARY GUEST NAME:** \_\_\_\_\_

*This is the name that the room will be booked under.*

**ADDITIONAL GUEST NAME(S):** \_\_\_\_\_

**ROOM TYPE** (single, double, triple, quad): \_\_\_\_\_

**PRIMARY GUEST BILLING ADDRESS:** \_\_\_\_\_

*Be sure to include city, state and zip code.*

**PRIMARY GUEST WORK PHONE:** \_\_\_\_\_

*Be sure to include area code.*

**PRIMARY GUEST OTHER PHONE:** (indicate "HOME" or "CELL") \_\_\_\_\_

*Be sure to include area code.*

**PRIMARY GUEST FAX:** \_\_\_\_\_

*Be sure to include area code.*

**PRIMARY GUEST EMAIL:** \_\_\_\_\_

**ARRIVAL DATE:** \_\_\_\_\_

**DEPARTURE DATE:** \_\_\_\_\_

**NEED HANDICAP ACCESSIBLE ROOM?**

**Y**

**N**

**SMOKING**

**NON-SMOKING**

**OTHER REQUESTS?** \_\_\_\_\_

*We will work with the hotel to accommodate any additional requests, but make no guarantee that the hotel will be able to accommodate additional requests made above. Thank you for your understanding.*

Return this form to: Stacy Rieke • 104 Marietta Street, NW • Suite 100 • Atlanta, GA 30303 • FAX: 404/527-8717 • [mocktrial@gabar.org](mailto:mocktrial@gabar.org)  
**DUE BY 10 APRIL. YOUR HOTEL CHARGES WILL BE SETTLED DIRECTLY WITH THE HOTEL.**