



Produced by RAB and NAB

Read all information and complete the Suite Reservation Form in its entirety. All suites will be approved and assigned by NAB/RAB and are subject to availability.

• **SUITE POLICY:** A limited number of Hospitality Suites are available at the Grand Hyatt Washington to all interested organizations based on availability and at NAB/RAB's discretion. If you wish to reserve a Hospitality Suite to host an event and/or product/service demonstration, please complete this form and submit it for approval. The NAB/RAB requires a non-refundable \$3,000 space fee. Daily hotel rates still apply and will be direct billed by the Grand Hyatt Washington. To request a meeting room for private company meetings, please complete the Function Space Application Form.

NOTE: Your suite activities must not conflict with exhibit hours and convention programming.

• **DEPOSIT INFORMATION:** All suite requests require a deposit equal to the first night's suite rate plus 14.5% tax. Your deposit must be made via credit card (American Express, Discover, MasterCard or Visa). The Grand Hyatt will charge the deposit three days prior to the suite check-in date. Reservations cannot be processed without credit card information.

• **PROGRAM LISTING:** If you want your suite included in the show program please indicate "yes" on the Suite Reservation Form; otherwise it will not be listed. Suite requests must be received by August 13, 2010, to be included in the program and on the official suite info signs. The program listing will include your company name, address and contact telephone number.



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Suite Reservation Form

Please print / type and return one form per suite by **August 13, 2010** to:
Fax: (202) 775-2155 or Email: hshuster@nab.org

Attendee Information: (please check one)

- EXHIBITOR / SPONSOR
 NAB MEMBER
 RAB MEMBER
 OTHER

Company Name _____

Reservation Name _____

Contact Name (if different from above) _____

Address _____

City _____ State _____ Zip / Postal Code _____

Country _____

Phone / Ext _____ Cell # _____

Email _____ Fax # _____

Property: Grand Hyatt Hotel

Arrival Date: _____ Departure Date: _____

Suite will be used for: Hospitality Product/Service Demonstration Both

How many people are you trying to accommodate? _____

Desired time of suite function? _____

Do you want your suite listed in the convention program? Yes* No

*If yes, your form must be received by **August 13, 2010**.

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Method of Deposit (check one): American Express Discover MasterCard Visa

Card Number _____ **Expiration Date** _____

I authorize the Grand Hyatt to charge the first night's suite rate plus 14.5% tax for each suite requested.

Print Cardholder's Name: _____

Signature Required: _____