



38th International Convention

May 20-25, 2009

Hyatt Regency Peachtree

(Convention Headquarters Hotel)

Atlanta, Georgia

HOTEL RESERVATION FORM

Deposit Mailing Address

Hyatt Regency Peachtree
265 Peachtree Street, NE
Atlanta, GA 30303
(404) 577-1234
(800) 233-1234

Atlanta Hilton Hotel
255 Courtland Street, NE
Atlanta, GA 30303
(404) 659-2000
(877) 667-7210

HOTEL RESERVATION DEADLINE

Special CBTU Convention room rates are guaranteed based on availability. **Please make guest room reservations by April 20, 2009.**

HOTEL RESERVATION DEPOSITS

One night's room charge including tax at the Hyatt Regency Peachtree and Atlanta Hilton Hotel. Deposit payment may be made by check, money order, debit or credit cards.

RATES

Hyatt Regency Hotel

*SINGLE/DOUBLE \$117.00

*TRIPLE/QUAD \$127.00 per night

*Ivy Tower SINGLE/DOUBLE \$99.00

*Taxes – A total of 14% in taxes will be added to the room rate

Regency Club accommodations are offered at an additional charge of \$35 per person based on availability

Business plan accommodations are offered at an additional charge of \$20 per person based on availability

Hyatt's Cancellation Policy
Hotel reservations **MUST** be cancelled by 3:00 p.m. EST 24 hours prior to arrival.

Atlanta Hilton Hotel
*SINGLE/DOUBLE \$117
*TRIPLE/QUAD \$127

Executive level concierge floor additional \$40 at Atlanta Hilton

Hilton's Cancellation Policy
Hotel reservations **MUST** be cancelled 3 days prior to arrival.

HOTEL RESERVATION INFORMATION

Hotel Preference: For your convenience you can make reservations on-line

☐ Hyatt Regency Peachtree

☐ Atlanta Hilton

On-Line Reservations Go to URL: <http://atlantaregency.hyatt.com/groupbooking/atlracbtu2009>

On-Line Reservations Go to URL:

<http://www.hilton.com/en/hi/groups/personalize/ATLAHHH-CBT-20090518/index.jhtml>

CHECK TYPE OF CREDIT CARD

☐ American Express ☐ Diners Club ☐ Discover Card ☐ MasterCard ☐ Visa Card

CREDIT CARD NUMBER

EXPIRATION DATE

One night's room deposit will be charged to credit card at time of booking.

NAME AS IT APPEARS ON CREDIT/DEBIT CARD (please print)

SIGNATURE OF CARDHOLDER

ARRIVAL DATE

DEPARTURE DATE

Hyatt Gold Passport#:

Hilton Honors#

Room type:

☐ single/double

☐ triple/quad

(based on availability at time of check-in)

NAME OF PRIMARY ROOM OCCUPANT

NAME OF ROOMMATE

ADDRESS

CITY

STATE

ZIP

HOME TELEPHONE

WORK TELEPHONE

FAX NUMBER

E-MAIL ADDRESS

SPECIAL NEEDS REQUEST (Please write in below any special disability accommodations required by any member of your party.)

PLEASE MAIL MY GUEST ROOM RESERVATION CONFIRMATION TO:

(Please print)

NAME

UNION AFFILIATE

ADDRESS

CITY

STATE

ZIP

HOME TELEPHONE

WORK TELEPHONE

FAX NUMBER

EMAIL ADDRESS