

**UNITED STATES AQUATIC SPORTS
CONVENTION XXVIII
HYATT REGENCY, ORANGE COUNTY
SEPTEMBER 24-30, 2007**

OFFICIAL HOTEL RESERVATION FORM

RESERVATION CUT OFF DATE: September 3, 2007

Please print clearly. Any housing form that is not filled out in its entirety will not be processed.

FIRST NAME _____ LAST NAME _____

STREET _____

CITY _____ STATE _____ ZIP _____

PHONE (_____) _____ FAX (_____) _____

ARRIVAL DATE _____

CANCELLATIONS/CHANGES

DEPARTURE DATE _____

Cancellations and changes must be sent or phoned directly to the hotel. Reservations must be cancelled 72 hours prior to the day of arrival to receive refund of deposit. **Please Note: The hotel charges a \$50.00 early departure fee. Check with hotel for details. 1-714-740-6055**

ROOM OCCUPANTS/LIST ALL

1. _____

CONVENTION HOTEL RATES PLUS

13 % Sales Tax and \$.60 County Assessment tax.

2. _____

Single-Double-Triple-Quad

\$127.00

3. _____

4. _____

PLEASE MAKE YOUR RESERVATIONS DIRECTLY WITH THE HYATT REGENCY WORLD WIDE AT: **800-233-1234** or fax: **714-740-0465** OR BY GOING TO PASSKEY:

ACCOMODATIONS
___ Single ___ Double ___ Triple ___ Quad

714-740-0465 OR BY GOING TO PASSKEY:

https://resweb.passkey.com/Resweb.do?mode=welcome_gi_new&groupID=90301

TO RECEIVE THE CONVENTION RATE BE SURE TO MENTION THAT YOU ARE WITH UNITED STATES AQUATIC SPORTS

Should you have a disability or have any special needs or requirements, please let the hotel know.

Hotel reservations will be on a first come basis. **HOUSING WILL BE CUT OFF AT THE CONVENTION RATE ON SEPTEMBER 3, 2007** or when we reach capacity. If you wish to submit your reservations by mail use this form and send to:

Hyatt Regency Orange County, 11999 Harbor Blvd, Garden Grove, CA 92840

Discounted rates have been negotiated with the hotel. The hotel requires a one-night's lodging deposit to guarantee your reservation. Your reservation must be guaranteed by credit card or by check to the hotel.

American Express ___ Master Card ___ Visa ___ Diners Club ___ Other _____

Credit Card Number _____ Expiration Date _____

Signature _____ Date _____

Cardholder's Name (please print clearly) _____