HOTEL RESERVATION FORM

INSTRUCTIONS
To reserve a room for PBL 2002, choose ONE of the following methods:

By Internet
Visit the PBL web site at www.udel.edu/pbl2002/

or
Call the PBL 2002 Housing Call Center
Monday-Friday, 9am-8pm Eastern Time
866-254-1081 (toll free)
506-433-7966 (international)

or

By Fax
Fax a completed Housing Form to: 506-433-3033

CONFIRMATIONS
The PBL 2002 Call Center will send you a confirmation. Review it carefully for accuracy. If you do not receive a confirmation via e-mail, fax, or mail within 14 days after sending request, please contact the Call Center at 866-254-1081.

ROOM RATES/TAXES
In order to take advantage of the special PBL 2002 Convention rates, be sure to book your reservation by Tuesday, May 7, 2002. After that date, the official PBL 2002 blocks will be released and the hotels may charge significantly higher rates.
All rates are per room night and are subject to a 12.5% tax (subject to change). Some hotels may charge additional fees for rooms with more than one occupant. When making reservations, please provide room and bedding preferences in the Special Needs section of the Housing Form. The hotels will assign specific room types upon check in, based upon availability.

DEPOSITS
All hotels require a credit card guarantee or check deposit of US $150 with each reservation request. Requests received without a credit card guarantee or check deposit will be returned. Please fill out the credit card information entirely or mail a check payable to the “PBL 2002/BACVA Housing Bureau.”

CHANGES/CANCELS/REFUNDS
Cancellations made after 8pm EST on April 30th will be subject to a $25.00 cancellation - processing fee. Changes and cancellations, if necessary, should be made through the PBL Housing Call Center until 8pm EST on June 11, 2002. Any cancellations made after that time will be subject to forfeiture of the entire $150.00 deposit.

PBL 2002 – A Pathway to Better Learning
Baltimore, Maryland
June 16 – 20, 2002

Housing for PBL 2002–A Pathway to Better Learning will open on 9/19/01 via the Internet.

Hotel Information:

Arrival Date ______________________________ Departure Date ______________________________

Hotel Selection: (List three choices in order of preference).
First __________________ Second ___________________ Third __________________

Reservations will be processed on a first come, first serve basis. If all three requested hotels are unavailable, please process this reservation according to:

_____ comparable room rate     _____ proximity to conference site

Room Type:
# Adults to occupy room _____________________ # beds requested in room ___________________

List all room occupants (if children, list names and ages):
______________________________________       __________________________________
______________________________________       __________________________________

_____ Non-smoking room requested     _____ Special Needs: __________________________________

Send Confirmation To:
Last Name_____________________________ First Name_____________________________ MI_____
E-mail Address_______________________________________________________________________
Daytime Phone__________________________________ Fax__________________________________
(If number is not within the US, please provide the ENTIRE number the US will need to dial to reach you.)
Company/Institution (if applicable)_______________________________________________________
Address_____________________________________________________________________________
City/State/Province____________________________________________________________________
Zip/Postal Code, Country_______________________________________________________________

Deposit Information:
All hotels require a credit card guarantee or check deposit of US$150 with each reservation request. Housing Forms received without a deposit or credit card guarantee will be returned.

Credit Card
Type of card: _____ American Express _____ Mastercard _____ Visa _____ Other

Account Number___________________________________________ Expiration Date________

Name of Card Holder_____________________________________

Check enclosed made payable to PBL 2002 / BACVA Housing Bureau. Separate checks are required for each hotel.

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Company/Institution (if applicable)_______________________________________________________
Address_____________________________________________________________________________
City/State/Province____________________________________________________________________
Zip/Postal Code, Country_______________________________________________________________

DO NOT SEND THIS FORM TO THE UNIVERSITY. SEND TO THE PBL 2002 / BACVA HOUSING BUREAU.

PLEASE USE ONE FORM PER ROOM. MAKE COPIES AS NEEDED.
FORMS MUST BE COMPLETELY FILLED OUT. INCOMPLETE FORMS WILL BE RETURNED AND WILL NOT BE PROCESSED.