

Annual Workshop Hotel Reservation Form

LAST DATE TO MAKE RESERVATIONS IS September 23, 2024. Hotel reservations may be faxed to 609-383-8616.

Any changes or cancellations must be made in writing and faxed to the number above. You will receive an e-mail acknowledgement of your reservation, cancellation or change within 72 hours of it being received.

Hotel reservations, changes or cancellations WILL NOT be accepted by telephone. General housing and Atlantic City questions will be answered by calling 1-866-790-9941, 9:00 a.m. to 5:00 p.m., or emailing service@acrooms.com.

EMAIL TO

service@acrooms.com

FAX TO

609-383-8616

HEADQUARTERS HOTEL - RESORTS

HOTEL CHOICE(S) (List choice in desired order)	NUMBER OF ROOMS REQUESTED (Limited to 14 rooms per district)	SPECIAL REQUEST: (Cannot be guaranteed)
1st choice	# Single Rooms	# Smoking
2nd choice	# Double Rooms	# Non-smoking
3rd choice	# Upgraded Rooms	# Handicapped
4th choice	# One-Bed Suite	# Other
5th choice	# Two-Bed Suite	
6th choice	Total # Rooms	

If accommodations at the hotel of your choice are not available, the Housing Department will make comparable reservations elsewhere and you will receive acknowledgement directly from the Atlantic City Convention Housing Department. If a district does not accept another hotel, its name will not be kept on the Wait List. Acknowledgements will be sent after each reservation booking, modification, and/or cancellation.



Please be aware the hotels require all room reservations to be paid in full by September 22, 2024 and there will be <u>no refunds or credits issued</u> for any changes or cancellations made after October 16, 2024

NAME OF OCCUPANTS Names, arrival dates and departure dates must be supplied for each room reserved. Do not overbook!	ARRIVAL DATE	DEPARTURE Date	# OF BEDS	SMOKING	
				Υ	N
				Υ	N
				Υ	N
				Υ	N
				Υ	N
				Υ	N

PLEASE COPY THIS FORM IF MORE THAN SIX ROOMS ARE NEEDED.

NAME OF CONTACT PERSON:

DISTRICT/ASSOCIATION/COMPANY:

ADDRESS (no P.O. Boxes):

PHONE: (b) Ext. FAX:

E-MAIL:

To receive acknowledgements, it is mandatory to supply your e-mail address and allow e-mails from service@acrooms.com to get past your spam filters.

METHOD OF PAYMENT (please check)

Credit card Cardholder Name: Card#: Exp. Date:

Voucher Send Purchase Order/ Voucher to the hotel identified in your booking acknowledgement e-mail from service@acrooms.com.

SCHOOL DISTRICTS NOTE: To be exempt from the 14% room tax, you MUST settle the account with a District Voucher or District Check.





SHUTTLE BUS SERVICE will be provided to and from all hotels listed on this form.

Hotel	Single/Double	Upgraded Rooms	Resort Fee
Resorts (Headquarters)	\$79		\$20
1 Bally's Park Place Casino Hotel	\$124	\$376.00 Dennis Tower Exec Suite	\$14
2 Borgata		\$152 Classic King/Queen \$182 Club King/Queen \$252 Fiore King/Queen Suite \$452 Piatto King/Queen Suite	\$18.73
3 Caesars	\$141	\$201 Tribune Mini Suite \$376 Senator Suite \$476 Emperor Suite	\$14
4 Golden Nugget	\$84		\$25
5 Hard Rock	\$115		\$20
6 Harrah's Marina	\$93		\$14
7 Ocean Resort	\$135	\$185 Studio Suite	\$23
8 Sheraton Atlantic City Convention Center Hotel (Smoke Free Facility)	\$130		
9 Tropicana Hotel & Casino	\$99 Havana Tower Deluxe	\$197 Havana Tower 1 Bedroom Suite	\$14