

My Confirmation Number is _____

- Check-in time is 3pm. Check-out time is 12 noon.
- Occupancy Tax is subject to change.
- There will be no charge for children under 18, when they are sharing a room with parents and using existing bed space.
- Reservation request must be made by check, money order, or valid major credit card number equal to one (1) night's room rate, plus applicable occupancy tax. Upon receipt, this deposit will be applied to the last night of the reservation. (Credit cards will be charged upon receipt of the reservation.) Due to the fact rooms are limited at the host hotel, all cancellations must be made 48 hours prior to date of arrival and a cancellation number must be obtained to avoid being charged a "no-show" or cancellation fee of one night's room rate and tax.
- All hotel accounts are subject to credit arrangements at time of registration and payable at departure.
- Parking is \$5.00 per day if registered with the Hotel. The parking garage is located on Newnan Street adjacent from the Adams Mark Hotel.

Adam's Mark Hotel Jacksonville
255 Coastline Drive
Jacksonville, FL 32202
(904) 633-9095 (hotel) (904) 633-9988 (fax)
1-800-444-ADAM (for any Adam's Mark)

-----If your mailing in your hotel reservation, please tear off the above portion for your personal record.-----

The Adam's Mark Hotel Jacksonville is pleased to host the **FLORIDA HEALTH SCIENCES LIBRARY ASSOCIATION**
 To ensure accurate reservations, please complete this reservation request and return it to the hotel before March 21, 2005.
 Requests received after this date will be accepted based on room and rate availability. Requests must be accompanied by a credit card to guarantee reservation. Rates will apply for the period of April 20 – 23, 2005 based on availability.

Room type preference (Please check box & Circle rate):

- Single: \$99.00
- Double: \$99.00
- Triple: \$99.00
- Quad: \$99.00

Number of Guests: _____

Special Requests (Subject to Availability)

- Accessible Room: Visually Impaired
- Hearing Impaired
- Mobility/Wheelchair
- Other _____
- Non Smoking Smoking
- King Bed Two Queen Beds

Name: _____ Arrival Date: _____
 Organization: _____ Departure Date: _____
 Address: _____ Telephone: _____
 _____ Fax: _____
 City/State/Zip _____ E-mail: _____

- I have enclosed a check in the amount of one night's room rate, plus 14% occupancy tax.
- Please charge one night's room rate plus 14% occupancy tax to the following credit card:
 Visa MasterCard American Express Diner's Club Discover

Card Number: _____ Exp. Date: _____

I understand that I am liable for one night's room rate, plus 14% occupancy tax, which will be covered by my deposit in the event I do not arrive or cancel less than 48 hours prior to arrival.

Name of Card Holder

Signature of Card Holder