



SAGES 2022 Housing Form Exhibitor Request Form

Forms are processed first come, first served.

EMAIL COMPLETED FORM TO Patricia.Martinez@Hilton.com

SAGES

Please email completed form to:
Patricia.Martinez@Hilton.com

Denver Hotel Contact Information:

Hilton Denver City Center
1701 California Street
Denver, CO 80202

EXHIBITOR ROOM BLOCK INSTRUCTIONS:

1. For individual and group reservations, please use the form below or attached page.

CONTACT INFORMATION: Please PRINT clearly to avoid delays in processing

All Exhibitor room block correspondence will be sent to this individual unless otherwise indicated.

Contact Name _____

Company _____

Address _____

City _____ State _____ Zip _____ Country _____

Phone _____ Cell _____

E-mail address _____

HOTEL

Hilton Denver City Center

ROOM RATE

\$189

DAY	Sun	Mon	Tue	Wed	Thu	Fri	Sat
DATE	3/13	3/14	3/15	3/16	3/17	3/18	3/19
Sleeping Rooms							
Suites							
TOTAL							

ROOM BLOCK PAYMENT METHOD: Check one box only. This payment method will be applied to ALL ROOMS IN THE BLOCK.

- Please use this card as a guarantee only; each attendee will pay with their own card on-site.
- Please charge this card for all nights, all attendees room , tax and incidentals as indicated.
- We have 10 or more rooms, and will coordinate a sub-block contract with the hotel.

Credit Card Type: VISA MasterCard American Express Discover Card

Card Number: _____ Exp.Date _____

By signing the Policy Acceptance, I acknowledge that I have read, understand, and agree to comply with the policies set forth in this agreement by SAGES.

Policy Acceptance Signature _____

Exhibitor must sign the Policy Acceptance line. This form will not be processed without signature.

Please use the form below, or attach your own excel spreadsheet, for all reservations.

SAGES 2022

March 16-19, 2022

Each name should appear only once, either under "Staff Name" or "Sharing With."

Staff Name	Sharing With	Room Style Check all that apply	Arrival Date	Departure Date
		One Two Dis		
		One Two Dis		
		One Two Dis		
		One Two Dis		
		One Two Dis		

Please check one:

___ Please use this card as a guarantee only, each attendee will pay with their own card on-site

___ Please charge this card for all nights, all attendees (room & tax only)

GUARANTEED ROOM RESERVATION AUTHORIZATION

Credit Card Type: VISA MasterCard American Express

Card #: _____ Exp. Date: _____

Cardholder Signature: _____

Company Name: _____

Address: _____ City: _____

State or Country: _____ Zip: _____

Group Contact

Name: _____

Phone: _____ Fax: _____ E-mail Address: _____

Please use this form to submit reservations to Patricia.Martinez@Hilton.com