

Holiday Inn

COLLINSVILLE/ST. LOUIS

Dear Valued Guest:

Thank you for your request for over night accommodations during the 2007 ARCHON 31 / 9th NASFIC event Wednesday, August 1, 2007 to Monday, August 6, 2007 here at the Holiday Inn Collinsville / St. Louis Area. We look forward to making your visit a memorable one.

Before any reservation can be made for the 2007 ARCHON 31 / 9TH NASFIC event, you must complete and return this reservation / credit card authorization form to the hotel. By signing and returning both pages of this form, you accept the terms and conditions of reserving your sleeping rooms at our facility. Those terms and conditions are as follows:

- Rooms reserved for this event will incur a 3 night minimum length of stay, with the primary nights being Thursday, August 2nd through Saturday, August 4th. No reservations will be accepted for a shorter length of time and these 3 specific nights will be charged, regardless of early departure before Sunday, August 5th. Should you choose to stay more than the 3 nights the ENTIRE stay and all other terms and conditions will apply.
- Your reservation(s) will be CHARGED IN FULL at the time the hotel makes the reservation(s). All reservations are NON-TRANSFERABLE once booked and will be NON-REFUNDABLE after June 1, 2007.
 - Reservations canceled prior to or on June 1st, 2007 will be issued a full refund – reservations canceled AFTER June 1, 2007 will NOT be refunded. ALL reservations remain NON-TRANSFERABLE.
 - NOTE: You will not have a reservation until these forms are returned with your signature and with accurate credit card information including expiration date.

Please read and sign below:

I accept the terms and conditions as set forth by the Holiday Inn Collinsville / St. Louis Area relative to booking my room(s) for the 2007 ARCHON 31 / 9TH NASFIC event.

Name: _____

Address: _____

Address: _____

Telephone: _____

E-mail: _____

Number of Rooms Requested: _____

RATE: \$406.65 (for the 3 night minimum at \$119.95 per room, per night, plus tax)

I agree that upon reserving the room(s) requested above, the credit card information included on the attached Credit Card Authorization Form will be CHARGED IN FULL for at least THREE (3) nights (per room reserved) at the rate indicated above (plus any applicable taxes) and that my reservations are 100% NON-REFUNDABLE (see note above re: June 1st deadline) and NON-TRANSFERABLE upon booking.

Signature: _____

Forms may be mailed back to hotel at: 1000 Eastport Plaza Drive, Collinsville, IL 62234-6103, or Faxed back to the hotel at (618) 345-9804 attention Front Office Manager.



CREDIT CARD AUTHORIZATION

I authorize the Holiday Inn Collinsville / St. Louis to charge my credit card under the terms and conditions set forth by the hotel for the 2007 ARCHON 31 / 9TH NASFIC. I accept responsibility for the charges and agree to the terms and conditions as stated on the attached reservation form for the 2007 ARCHON 31 / 9TH NASFIC.

Credit Card Number: _____

Expiration Date: _____

Name on Card: _____

Please photo-copy the card indicated above (front and back) and return with both this form and the reservation request form to secure your reservation(s). NO RESERVATION(S) WILL BE MADE UNTIL ALL COMPLETED FORMS WITH VALID CREDIT CARD INFORMATION IS RECEIVED BY THE HOTEL.

Signature: _____

Date: _____