



**2016 Annual Fall Conference
60th Annual
October 19-23, 2016
Miami, Florida**

EPIC Miami, a Kimpton Hotel
270 Biscayne Boulevard Way
Miami, FL 33131

CGCS Housing Reservation Form

Fax: (305) 967-7341

e-mail: kathleen.cal-manani@epichotel.com

*Don't forget to register for the conference!

* Only 1 room reservation per form will be accepted *

The Hotel is NOT accepting reservations via telephone. Housing requests must be either faxed or e-mailed using this form.

Arrival: _____ Departure: _____

Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Name of person making this reservation: _____

Phone Number: _____ Fax Number: _____

Email Address of the person to receive confirmation of reservation: _____

Rates: \$249.00 Single/Double
\$25.00 for additional persons over two
State & Local Occup tax is currently 13%

**Cancellation and
2-Night Deposit Policy:**

There is a two-night non-refundable deposit required to secure a guestroom at the Hotel. Any cancellations will incur a two-night room and tax reservation cancellation fee.

* Hotel Rate/Reservations deadline is Tuesday, 9/20/16

Bed Type Request: _____ 1 King Bed _____ 2 Double Beds

Additional Requests: _____

of persons in room: _____ (additional persons in room over 2 is \$25 extra per person)

* Note prevailing tax is 13% per room per night

Payment Information is required to confirm a guestroom for the CGCS Fall Conference

A representative of the Hotel will be contacting you to get your credit card and/or payment information. All guestroom requests are on a 1st come 1st serve basis and until the Hotel confirms your reservation with a confirmation number you are not guaranteed a guestroom.

Reservation requests are available on a first come first serve basis up to the Group's contracted commitment

Your reservation form will be date and time stamped and processed in the order received