

# Healthfest 2017 Hotel Room Form

National Products Association-Southwest Region will book your hotel rooms for you! Please supply the following information so that we may serve you best:

Business Name \_\_\_\_\_ Marriott Rewards Number? \_\_\_\_\_

Rooms/Occupants		Check in	Check Out
1.			
2.			
3.			
4.			

\*\*If more rooms are needed, use an additional form.

## Room Rate Calculator

Please use the following tool to help calculate your total room charges (This excludes additional room fees such as, but not limited to, room service, movie rental, valet parking, and room amenities, for which the room holder will be responsible).

$$\begin{aligned}
 & \# \text{ of rooms} \_\_\_\_\_\_ \times \# \text{ of nights} = \_\_\_\_\_\_ \text{ (A)} \\
 & \_\_\_\_\_\_ \text{ (A)} \times \$124.00 \text{ (NPA-SW room rate)} = \_\_\_\_\_\_ \text{ (B)} \\
 & \_\_\_\_\_\_ \text{ (B)} \times 15\% \text{ (hotel taxes)} = \_\_\_\_\_\_ \text{ (C)} \\
 & \_\_\_\_\_\_ \text{ (B)} + \_\_\_\_\_\_ \text{ (C)} = \_\_\_\_\_\_ \text{ Grand Total Due}
 \end{aligned}$$

You have the option to pay NOW or on February 17, 2017.

Now       Later

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**Payment Method**

*Make checks payable to NPA-Southwest.*

I authorize NPA-SW to charge my  VISA    MC    AMEX    DISC

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ (MM/YY)

Name on Card \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_

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*Any addition concerns/requests that you would like for us to share with the hotel staff on your behalf?*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Thank you! We will send you a confirmation of rooms and payments to the email address provided on your registration packet. We look forward to seeing you at the show!*

**NPA-Southwest**

**325-998-6761**

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