

**The MedTech Conference 2019
6+ GROUP BLOCK REQUEST FORM**

CONTACT NAME:		COMPANY/ORGANIZATION:		
ADDRESS:				
CITY:		STATE:	ZIP:	
PHONE:		FAX:		
EMAIL:				
DAY	Sun	Mon	Tue	Wed
DATE	9/22/2019	9/23/2019	9/24/2019	9/25/2019
Aloft Boston Seaport District (\$297)				
Cambria Boston Hotel Downtown (\$319)				
Element Boston Seaport District (\$289)				
Renaissance Boston Waterfront Hotel (\$349)				
The Westin Boston Waterfront (\$320)				
Total Room Nights				

Please note the number of rooms that you are requesting per night in the above grid. Maximum of 4 guests allowed per room, **Rooms are not held until completed form is approved by AdvaMed and confirmation email received from group housing coordinator**

Attrition Policy (Financial Penalty)

AdvaMed could be penalized by hotels for not utilizing committed sleeping rooms. In an effort to reduce this expense and ensure that rooms are reserved for individuals who will use them, AdvaMed requires all groups to adhere to the established deadlines and be financially responsible for rooms set aside for them. No exceptions. **Any unused rooms will be charged a penalty of one-night room rate per unused room.** Any attrition owed by the organization due to late cancellations will be charged to the credit card on file by Showcare Event Solutions.

AdvaMed will review group requests and rooms will be assigned based on availability at the time your request is received. A confirmation will be sent to the organization's contact on the form within 3 business days. Rooming lists **MUST** be provided to the housing coordinator, Grouphousing@showcare.com, by **July 19, 2019 NO EXCEPTIONS**. Attendees must be registered for the MedTech Conference 2019 in order for the reservation to be secured. Rooms cannot be held without names after July 19. TBD names will not be accepted. Only the main contact for the group will be allowed to make alterations to group reservations. Once the rooms have been set aside, you can reserve, modify and cancel your rooms using the link provided in the room block confirmation letter.

Please initial:

_____ Credit Card is to hold room and may be charged based on deposit and cancellation policy. Guest to pay all remaining charges on own at time of arrival. All reservations will be guaranteed to the credit card on file for this block and cancellations or no-shows will be billed to the credit card on file. By initialing I agree to the above statement.

All group rooms must be confirmed with a guest name by Friday, July 19, 2019 at 5:00pm EST. By signing this form, you and your organization are accepting financial responsibility for the entire room block indicated in the grid above and understand that you will be charged for the room block based on the billing selections made herein.

This form must be faxed to [514-360-1049](tel:514-360-1049). Forms will not be accepted by email; our secure server will reject any emails with credit card information.

Cardholder's Name: _____ Phone: _____

Company Name: _____

Card Number: _____ Expiration Date: _____

Signature: _____ Date: _____

