

**OFFICIAL HOTEL RESERVATION FORM**  
**UNITED STATES AQUATIC SPORTS CONVENTION**  
**HYATT REGENCY DFW**  
**Dallas/Ft Worth AIRPORT, TX SEPTEMBER 8-15, 2002**  
**RESERVATION CUT OFF DATE – AUGUST 13, 2002**

Please print clearly. Any housing form that is not filled out in its entirety will not be processed.

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

ARRIVAL DATE \_\_\_\_\_ DEPARTURE DATE \_\_\_\_\_

**ROOM OCCUPANTS – LIST ALL**

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

**ACCOMMODATIONS ( CHECK TYPE OF ROOM REQUESTED)**

\_\_\_ Single (1 person/1 bed) \_\_\_ Double (2 people/1 bed) \_\_\_ Triple (3 people/2 beds) \_\_\_ Quad (4 people/2 beds)

\_\_\_ Double/Double (2 people/2 beds) \_\_\_ Suite (1 bedroom) \_\_\_ Suite (2 bedroom)

Or, if due to disability, you have any special needs or requirements, please let us know here: \_\_\_\_\_

**CONVENTION HOTEL RATE (PLUS 12% TAX) – Single - \$112.00, Double - \$112.00, Triple - 112.00, Quad - \$112.00, Executive Suite - \$275.00**

**CANCELLATIONS/CHANGES** – All cancellations and changes should be sent or phoned directly to the hotel. Cancellation must be made 72 hours prior to arrival to guarantee refund of deposit.

PLEASE CALL YOUR RESERVATION DIRECTLY TO HAYTT REGENCY DFW AIRPORT AT: **800-233-1234, 402-592-6437 or fax 972-615-6850.**

**TO RECEIVE THE CONVENTION RATE BE SURE TO MENTION THAT YOU ARE WITH UNITED STATES AQUATIC SPORTS**

Hotel reservations will be on a first COME basis. **HOUSING WILL BE CUT OFF ON August 13, 2002** or when we reach capacity. Room requests must be submitted on this form via mail or phone to the hotel directly. Mail to the: **Hyatt Regency DFW, PO Box 619014, DFW Airport, TX 75261.** **No checks please** as taxes have not been figured into the above room rate. Discounted rates have been negotiated with the hotel. The hotel will require a one-night's lodging deposit to guarantee your reservation. Your reservation must be guaranteed by credit card.

\_\_\_ American Express \_\_\_ Master Card \_\_\_ Visa \_\_\_ Diners Club \_\_\_ Other \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder's Name (please print clearly) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_