

HOUSING REQUEST FORM

2010 South Carolina Fire-Rescue Conference
June 7 - 12, 2010
Myrtle Beach, South Carolina



To make your hotel reservation contact **Preferred Convention Services**, the official **South Carolina Fire Rescue 2010** housing company. Discounted rates are available only through our office and cannot be guaranteed after **May 24, 2010**.

HOTEL INFORMATION

Please number your hotels in order of preference:

- Breakers Oceanfront Resort**
North Tower, Oceanfront Double/Double, Cat C: \$95 Sgl or Dbl
Palmetto, Courtyard Double/Double, Cat L: \$85 Sgl or Dbl
Hotel Policies:
4 night minimum stay required
Guests must be at least 21 years old to check-in.
Location: 3 blocks to convention center
Airport: 5 miles
Hotel Services: Restaurant & Lounge in Hotel, Multiple Indoor and Outdoor Pools & Lazy Rivers, Whirlpool & Sauna
Parking: Complimentary
Deposit: One night room & tax charged 30 days prior to arrival.
Cancellation Policy: Hotel will charge a 10% cancellation fee for reservations canceled more than 14 days prior to arrival. Reservations canceled within 14 days of the arrival date are non-refundable.

- Caravelle Resort Hotel**
Oceanfront 1-Bedroom: \$127.00; Oceanfront Studio Efficiency \$118.00
Location: 4 miles to convention center
Airport: 8 miles
Hotel Services: Indoor & Outdoor heated pools and hot tubs, Lazy River, Full service restaurant, Lounge & poolside bar, Exercise room, Free wireless internet.
Parking: Complimentary
Deposit: Credit card for guarantee only.
Cancellation Policy: Hotel will charge one night's room & tax for cancellations made 7 days or less prior to arrival.

Current Tax Rate is 13.00% plus \$6.00 per night resort service fee

GUEST INFORMATION

SELECT ONE:

Exhibitor Attendee Other _____

Only 1 room per form. If multiple rooms are required, please make copies of this form. Room type and special requests are based on availability at the time of check-in.

ROOM TYPE DESCRIPTIONS

S= Single (1 person/1bed) D = Double (2 people/1 bed)
D/D = Double/Double (2 people/2 beds) H = Hospitality Suite

Room Type _____

If The Breakers is selected as your hotel choice, please indicate Category C or Category L as your room type.

Arrival Date _____ Departure Date _____

Guest Name _____

Sharing With _____

CONTACT INFORMATION

Name _____

Company _____

Address _____

City _____

State _____ Zip _____

Phone _____ Fax _____

Email _____

GUARANTEE INFORMATION

Credit Card Type: AMEX Visa MasterCard Discover

Credit Card #: _____ Exp: _____

Cardholder: _____

Signature: _____

Cancellation Information: In addition to the individual hotel cancellation policies, a \$40 processing fee will be assessed by PCS for all reservations cancelled 45 days or less from arrival.

SPECIAL REQUESTS

Non-Smoking Low Floor Early Arrival

Smoking High Floor Late Departure

Other _____

5 WAYS TO RESERVE

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Fax: 310.235.2648
Email: reservations@preferred1.com
Web: www.preferred1.com
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