

2009 Walter Kaitz Foundation Annual Fundraising Dinner

Make a Statement. Make a Difference. / October 28, 2009 / Denver, CO

Make Your Hotel Reservation Now!

This form can be filled out on your computer by clicking through each field. When completed, please print and return.

1. Please complete ONLY one form per hotel reservation.
2. All hotel forms must be sent to the Cable Connection housing bureau via fax (800) 681-0893 (US only) or (847) 759-6953 (International) or email cableconnection2009@cteusa.com by **Monday, September 28, 2009**.
3. All changes and cancellations should be made in writing to the Cable Connection housing bureau via fax or email by **Thursday, October 15, 2009**.
4. Hotel reservation confirmations will be sent out within 7 to 10 business days.
5. All housing related questions should be directed to the Cable Connection housing bureau via email or phone (800) 823-1542 (US only) or (847) 759-4253 (International).

The Walter Kaitz Foundation is a 501(c)(3) organization. Contributions or gifts to the Foundation are tax deductible as charitable contributions for federal income tax purposes, less \$200 of the individual ticket price and \$2,000 of each table price.

Contact Information

Name: Title:

Company:

Address:

City: State: Zip: Country

Phone: Fax: E-Mail:

Room Reservation

Choice 1: Room Type: Room Rate: Non-Smoking Smoking

Choice 2: Room Type: Room Rate: Non-Smoking Smoking

Choice 3: Room Type: Room Rate: Non-Smoking Smoking

Guest Name: Name of individual sharing the room:

Arrival Date: Departure Date: Special Needs or Requests:

*If the requested rate is not available, the next available rate will be assigned. Room rates are quoted exclusive of local taxes and fees, plus occupancy taxes.

Room Guarantee

This form must be completed to reserve your room. Credit card information must be provided on this form or your hotel request will not be processed. If you cancel your hotel reservation within 48 hours prior to your arrival date, you will be charged for one-night's room rate and taxes.

Form of payment: AMEX VISA MASTERCARD DISCOVER

CREDIT CARD NUMBER: EXP. DATE:

CARDHOLDER NAME:

CREDIT CARD BILLING ADDRESS:

(If different from contact information)

CARDHOLDER SIGNATURE:

(Authorizing the hotel to charge your credit card for hotel guarantee)

