

Hotel Reservation Form

National Conference of Family Medicine Residents and Medical Students
July 27-29, 2017 • Kansas City, Missouri

Deadline is June 29.
Reserve online at
aafp.org/nc/hotels.

PLEASE TYPE OR PRINT CLEARLY.

ONE FORM PER ROOM. PLEASE COMPLETE ALL SECTIONS.

Send confirmation to:

Last name: _____

First name: _____ Middle initial: _____

Company: _____

Address: _____

City, State, Zip: _____

Country: _____

Fax: _____

Email: _____

Phone: _____

Room Type

Number of occupants: _____ Number of beds requested: _____

List all occupants in room (including yourself):

1. _____

2. _____

3. _____

4. _____

Hotel Choice (number in order of preference)

All hotels are nonsmoking. Room rates listed are per night.

	Single/Double	Triple/Quad
___ Aladdin Holiday Inn Hotel	\$153	\$161
___ Courtyard by Marriott Downtown KC	\$174	\$174
___ Crowne Plaza	\$156	\$176/196
___ Hampton Inn KC Downtown	\$175	\$175
___ Hilton President	\$164	\$170
___ Hotel Phillips	\$165	\$173
___ Marriott Downtown KC	\$161	\$169
___ Residence Inn by Marriott Downtown	\$184	\$184
___ Sheraton Crown Center	\$167	\$167

Reservations will be processed in the order in which they are received.

Please select one of the following to guide reservation processing if your requested hotels are unavailable:

Comparable room rate Proximity to conference site

Arrival Date _____ Departure Date _____

ADA Special Needs

Please check here if you will require special services and list specific information in the space provided. (Please note: Requested services cannot be guaranteed.)

Deposits

All reservations must be guaranteed with a credit card valid through August 2017 or a check deposit. If you are guaranteeing by check, \$110 per reservation is required; this includes a \$10 nonrefundable processing fee per reservation. Checks must be received by June 22, 2017.

Check enclosed (Please make check payable to Visit KC/AAFP 2017 Housing)

Visa

MasterCard

Discover

Diners Club

American Express

Card number: _____

Expiration date: _____

Cardholder name: _____

Signature: _____

Changes and Cancellations

You may change or cancel your reservation through July 6, 2017, without penalty. From July 7 through July 11, 2017, a \$25.00 cancellation fee will be charged to the credit card used at the time of booking. Beginning July 12, 2017 to the arrival date, cancellations will be charged per the hotel's cancellation policy.



AMERICAN ACADEMY OF
FAMILY PHYSICIANS

Fax form and credit card information to:

Visit KC/AAFP 2017 Housing
(816) 691-3880

OR

Mail form and check deposit to:

Visit KC/AAFP 2017 Housing
P.O. Box 26310, Kansas City, MO 64196-6310

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