

**SHERATON UNIVERSAL HOTEL**  
**LOS ANGELES, CA**  
**HOTEL RESERVATION FORM**

RP ID10063

RES ID FAA12A

**2005 PROFESSIONAL DEVELOPMENT CONFERENCE FOR HEALTH PROFESSIONS**  
**FINANCIAL AID ADMINISTRATORS**  
**JANUARY 12-15, 2005**

Name \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Email: \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Spouse/Guest Name \_\_\_\_\_

**ROOM RATES/PREFERENCES**

**PAYMENT**

**Room Rate: \$149.00 Single – \$159.00 Double**  
**PLUS 14%TAX and \$25.00 per additional**  
**person occupying a room per night. Plus**  
**a \$.10 tourism tax a night per room**

Single Occupancy     Double Occupancy

King Bed             Two Beds

Smoking             Non-smoking

**Arrival Date:** \_\_\_\_\_

**Departure Date:** \_\_\_\_\_

Check enclosed

MasterCard     Visa     Diners     American Express

# \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

Name As It Appears on Card \_\_\_\_\_

**\*Please note that the hotel cannot guarantee room types, but will make every effort to honor all requests.**

**Reservations received after December 10th will be accepted on a space available basis at the group rate. Individual room reservations may be canceled 72 hours prior to the day of arrival without penalty. Cancellations after that time forfeit the deposit. Check-in time is 3:00 p.m., check out time is 12:00 p.m.**

**CALL OR FAX TO:**

**Sheraton Universal Hotel**

**Phone: (888) 627-7186 / Fax: (661) 949-2579**

**AN EMAIL CONFIRMAITON WILL AUTOMATICALLY FORWARDED TO YOU. SHOULD YOU NEED TO CONFIRM PLEASE CALL THE NUMBER LISTED ABOVE.**