

AALS 2009 Conference on Clinical Legal Education Hotel Reservation Form

Reservation Request

The Renaissance Cleveland is pleased you have chosen it for your upcoming visit.

In guaranteeing your reservation for late arrival (arrival after 6:00 p.m.) the Renaissance Cleveland requires that you either:

1. Make your hotel reservations online. Visit www.aals.org/clinical2009/ and click 'housing'.
2. Send the Hotel Reservation Request Form, with check or money order covering the first night's room and tax.
3. Fax (216) 696-3102 or call the hotel at (800) HOTELS 1 with your reservation, along with the entire number of one of the following credit cards: American Express, Carte Blanche, Discover, Diners Club, Enroute, JCB, MasterCard or Visa. If faxing the form, don't forget the expiration date and your signature, and be sure that you receive a confirmation from the hotel.

The Renaissance Cleveland will not hold your reservation after 6:00 p.m. on the day of arrival without guaranteeing the reservation with one of the above methods. AALS encourages you to guarantee your room because an unexpected arrival after 6:00 p.m. will result in a cancellation of the reservation. Deposits will be refunded only if cancellation notification is received by the hotel by 6:00 p.m. on the day of arrival.

Single/Double: \$169 for single or double occupancy; plus 15.25% sales tax.

CUT-OFF DATE: April 13, 2009

Check-in time is 3:00 p.m. and check-out time is 12:00 p.m.

Making a reservation prior to the cut-off date does not guarantee availability of the AALS rate. To ensure accommodations, please make your hotel reservation early.

Hotel Reservation Request

Renaissance Cleveland Hotel
24 Public Square
Cleveland, OH 44113
Call (800) HOTELS 1 or Fax (216) 696-0432

Guest Name _____

School _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____

Fax Number _____

Arrival Date and Time _____

Departure Date and Time _____

I will arrive at the hotel after 12:00 midnight

Number of people in room: 1 2 3 4

Share With: _____

Bed Type Preference: King Double (2 beds)

Remarks/special needs:

If anyone in the room has a disability, please indicate the nature of the disability and any special accommodations needed: _____

Single/Double: \$169 for single/double occupancy; plus 15.25% sales tax

CUT-OFF DATE: April 13, 2009

I would like to guarantee for arrival after 6 p.m.

Deposit Enclosed: Check or Money Order

American Express Diners Club Carte Blanche

Discover JCB MasterCard Visa

Number: _____

Exp. Date: ___ / ___ / ___

Authorized Signature:
