The Atlanta International Gift & Home Furnishings Market[®] SHOWROOMS July 11 – 18, 2017 TEMPORARIES July 13 – 17, 2017 HPBA DEADLINE: May 1, 2017 Only one room request per form please. Make additional copies if necessary.

To make a reservation, please fax form to Sarah Hilton at 678.686.5287 or email <u>shilton@americasmart.com.</u> Note: Retailers are only eligible to participate in one promotion. Confirmations will be sent via email from AMC@onpeak.co.

Hotel availability is based on a first come, first served basis and therefore not guaranteed.

1. CONTACT INFORMATION (REQUIRED)

STORE/COMPANY NAME			CUSTOMER NAME		
STREET ADDRESS					
СІТҮ	STATE	ZIP	POSTAL CODE		
EMAIL			PHONE		
LAST SHOW ATTENDED AT AMERICASMART (if applicable)			STORE TYPE		
2. HOTEL INFORM	MATION				
			Rank three hotel choices from the list provided.		
ARRIVAL DATE			1		
DEPARTURE DATE			2		
DEFARTORE DATE			3		
3. ROOM INFORM	IATION				
Please supply names of all persons to occupy room and type of room.		Ind	Room Type: Single Dbl (2ppl/1bed) Dbl/DBL (2ppl/2beds) King-size bed		
			 SPECIAL REQUESTS I am in need of an ADA accessible room. I may need special assistance from the hotel in the event of an emergency. 		
Note: room type & special requests based on availability at check-in.			□ Other, please list:		

4. DEPOSIT INFORMATION:

Reservations will NOT be processed without a credit card guarantee. The hotel reserves the right to charge a deposit of one night's room and tax. (GA 16% tax). Please read through all cancellation policies in your confirmation email.

CREDIT CARD NUMBER	TYPE	EXPIRATION DATE (after July 2017)	
	X		
NAME (printed)	SIGNATURE		
	FOR AMC USE ONLY	Confirmation Number: #NSAMC: HPBA	
	USE ONET		