



**2006 ORLANDO, FL NEA-RA CONVENTION
REGISTRATION AND HOUSING FORM**

Office Use Only
Registration Fee Paid: _____

Name _____ Address _____
 City _____ Zip _____ Home Phone _____ Gender: Male Female
 School Phone _____ Cell Phone _____
 *E-mail Address _____ DO YOU NEED A HOTEL RESERVATION? YES ___ NO ___
ARRIVAL DATE _____ **DEPARTURE DATE** _____
 (Check-in time is 3:00 p.m.) (Check out time is 11:00 a.m. for Rosen Plaza; 12 Noon for Peabody)

PLEASE MARK FIRST (#1) CHOICE. HOTELS ARE ASSIGNED ON A FIRST COME, FIRST SERVED BASIS:

ROSEN PLAZA HOTEL **PEABODY ORLANDO HOTEL**

\$ 172.13 – FIRST NIGHT'S DEPOSIT (This includes 12.5% tax) (SEE BACK FOR EXPLANATION & HOTEL RATES)

ROOM CHOICE (THERE ARE NO KING ROOMS):

DOUBLE/DOUBLE **HANDICAPPED** **NON-SMOKING** **SMOKING** **ROLLAWAY BED** (Add \$15.00 per night)
ONE PERSON/ROOM **TWO PERSONS/ROOM** **THREE PERSONS/ROOM** **FOUR PERSONS/ROOM**

I PREFER TO HAVE (A) ROOMMATE (S), IF YES, PLEASE CHECK _____
 My preference for (a) roommate(s) is _____

THOSE DELEGATES SHARING A ROOM MUST TURN IN ALL FORMS TOGETHER. RESERVATIONS WILL NOT BE PROCESSED UNTIL ALL FORMS ARE RECEIVED. IF A NAME IS NOT INDICATED, CTA WILL ASSIGN A ROOMMATE.

First Night's Deposit: Check/MO (enclosed) Visa MasterCard Amex Discover
 Credit card number _____ Expiration Date: _____ - _____

CARD MUST BE VALID THROUGH 7/31/2006

Your name as it appears on credit card: _____

Check/Money Order \$ _____ Check # _____

ARE YOU ATTENDING A PRE-CONFERENCE? YES NO

IF YES, WHICH ONE? _____

CTA IS NOT RESPONSIBLE FOR PRE-CONFERENCE RESERVATIONS.

YOUR RESERVATION WITH CTA CAN START AT THE CONCLUSION OF THE PRE-CONFERENCE.

EMERGENCY MEDICAL INFORMATION

Emergency Health Information (kept confidential) Any illness or disability: _____

Blood type: _____ Allergic to: _____ Current Medications: _____

PERSON TO NOTIFY IN CASE OF EMERGENCY: Name: _____

Day Phone: _____ Evening Phone: _____

Address: _____ City: _____ Zip: _____

PLEASE READ: To prevent any delay in the processing of your hotel reservation, each delegate's registration/housing form must be accompanied by a \$25.00 check to cover the CTA registration fee. If you are submitting a personal check to guarantee your first night's full deposit, please make it payable to CTA. Because we do not know which hotel you will be assigned to, your check must completely cover the highest first night's deposit (\$172.13) for a double room (See back). If your assigned hotel rate is less, the difference will be credited towards the remainder of your stay. The CTA Registration fee (\$25.00) and first night's deposit (\$172.13) may be included on one check (\$197.13 total). **NOTE: If you are securing your first night's deposit with a credit card, your card may be charged once the hotel has received your reservation. The \$25.00 registration fee may NOT be charged to your credit card. The registration fee MUST be paid by check or money order.**

PLEASE NOTE: All cancellations must be received by the CTA Governance Support Department AT LEAST EIGHT (8) DAYS in advance of your arrival date. A cancellation fee (the first night's deposit) WILL be charged by the hotels for any cancellations NOT received at least eight (8) days in advance.

If your roommate does not stay the same number of nights, the person staying alone will pay a single rate for those nights s/he is alone. SHOULD YOUR ROOMMATE NOT SHOW THE FIRST NIGHT, IT IS YOUR RESPONSIBILITY TO CONTACT CTA STAFF IN THE CTA OFFICE AT THE ROSEN PLAZA HOTEL AND INFORM A CTA STAFF PERSON OF THE SITUATION. CTA will then try to find you another roommate for the remainder of the stay and/or explain the proper reimbursement procedure for your expense statement. CTA is NOT responsible for any additional expenses incurred should CTA staff not be notified of any changes to your rooming status.

**RETURN THE TOP (WHITE) COPY OF THE COMPLETED FORM TO THE CTA GOVERNANCE SUPPORT DEPARTMENT
 P.O. BOX 921, BURLINGAME, CA 94011-0921 OR FAX TO (650) 552-5010 BY MAY 25, 2006, 5:00 P.M.
 FAXED FORMS WILL ONLY BE PROCESSED IF A CREDIT CARD NUMBER IS PROVIDED.**

By signing this registration/housing form, I confirm that I have read it in its entirety and I agree to be accountable for this reservation. In the event that I cannot attend, I shall immediately notify the chapter president (if Local Delegate) AND the CTA Governance Support Department (650) 552-5300.

SIGNED: _____

***** SEE INSTRUCTIONS ON REVERSE SIDE *****

If form was previously faxed please check box.	<input type="checkbox"/>
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**PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE
2006 NEA - RA REGISTRATION AND HOUSING FORM**

1. **COMPLETED AND SIGNED** (ALL requested information **MUST** be provided) Housing/Registration forms will be processed on a first come, first served basis. **Any incomplete forms will be held until ALL necessary information can be obtained.**
2. All housing forms **MUST** be received by the Governance Support Department **NO LATER THAN May 25, 2006 by 5:00 p.m.**
3. To prevent any delay in the processing of your hotel reservation, **both** your registration form and, if applicable, your roommate's registration form must **each** be accompanied by a **\$25.00** check, which will cover the CTA registration fee. If you are submitting a personal check to guarantee your first night's deposit (\$172.13 for both hotels and room types), please make it **payable to CTA**. You may include the CTA registration fee (\$25.00 per person) and the first night's deposit (\$172.13) on one check for your convenience (\$197.13 total per person). *If your assigned hotel rate is less than \$172.13, the additional monies will be credited towards the remainder of your stay.* **NOTE: If you are securing your first night's deposit with a credit card, your card may be charged when your reservation has been received by the hotel. The \$25.00 registration fee may NOT be charged to your credit card. Your registration fee MUST be paid by check or money order.**
4. Because we do not know which hotel you will be assigned to (**hotels are assigned on a first come, first served basis**), we are requesting that each delegate pay \$172.13, the first night's deposit, which is the highest rate charged by a hotel for a double room. If your assigned hotel rate is less, the difference will be credited towards the remainder of your stay. The following are the rates for each of the hotels:

Rosen Plaza Hotel

Double: \$ 163.13
Triple: \$ 185.63
Quad: \$ 208.13
Rollaway: \$ 15.00 per day

Peabody Orlando Hotel

Double: \$ 172.13
Triple: \$ 189.00
Quad: \$ 205.88
Rollaway: \$ 15.00 per day

*** RATES INCLUDE 12.5% TAX**

5. If you are attempting to make reservations for a group of people, housing reservation forms for **ALL** individuals in the group **MUST** be mailed in together. Reservations will not be processed until all forms are received.
6. The CTA Governance Support Department **must** receive cancellations **AT LEAST EIGHT (8) DAYS in advance of your arrival date**. The hotel will charge a cancellation fee equal to the first night's deposit for cancellations NOT received *at least eight (8) days* in advance (you will be refunded the difference if the first night's deposit is less than \$172.13). If your cancellation is timely, you will be refunded \$172.13 regardless of the hotel you are assigned to.
7. **Delegates agree that by signing this form, they are accountable for their reservations.** In the event that a Delegate is unable to attend, s/he agrees to immediately notify the chapter president (if attending as a Local Delegate) **AND** the CTA Governance Support Department at (650) 552-5300. **CTA will not be responsible for those reservations cancelled directly with the hotel.**
8. If your roommate does not stay the same number of nights as you, the person staying alone will pay a single rate for those nights s/he is alone. SHOULD YOUR ROOMMATE NOT SHOW THE FIRST NIGHT, IT IS **YOUR** RESPONSIBILITY TO CONTACT THE CTA STAFF IN THE CTA OFFICE AT THE ROSEN PLAZA HOTEL AND INFORM A CTA STAFF PERSON OF THE SITUATION AS SOON AS YOU ARE ABLE TO DO SO. CTA will then **try** to find you another roommate for the remainder of the stay and/or explain the proper reimbursement procedure for your expense statement. CTA is **NOT** responsible for any additional expenses incurred should CTA staff not be notified of any changes to your rooming status.
- *9. If you would like to receive a reservation confirmation from the hotel, you must provide your e-mail address.