



American Public Transportation Association
2012 Transit Board Members Seminar and
Board Support Employee Development Workshop
Sheraton Atlanta
Atlanta, GA
July 21 – 24, 2012

Sheraton Atlanta Hotel
 165 Courtland Street NE
 Atlanta, GA 30303

Hotel Reservation Form

Please read this information before completing your Room Reservation Request.

1. You must first be registered to get a room.
2. Your reservation must be received by the hotel before June 22, 2012. After this date, all rooms will be released, and reservations will be accepted on a space- and rate-available basis. Please note that rooms may sell out prior to June 22, so early bookings are recommended.
3. A deposit is required for each reservation. You may use a certified check or credit card.
4. If you cancel, you must notify the hotel by phone at least 72 hours before your arrival to avoid being charged.

ROOM RESERVATION REQUEST

Reservations must be received by June 22, 2012. Make certified check for deposit payable to the Sheraton Atlanta Hotel

Check enclosed
 Charge my: Visa MasterCard American Express Diners Discover

Account No. _____ Exp. Date _____ Signature _____

Please type name(s) of person(s) to occupy room(s). Indicate choice of room type(s). Rates do not include tax.

Room Occupant(s)	Room Request	Arrival Day/Date	Departure Day/Date
	<input type="checkbox"/> Single \$139 <input type="checkbox"/> Double \$139 Note: All Sleeping room are Non-Smoking Occupancy tax is 15%	Check-in after 4:00 p.m.	Check-out by noon
1.			
2.			

Confirm to _____ Company _____

Address _____

City, State, Zip _____ Tel _____ Fax _____

E-mail _____

Please indicate any disability that will require special accommodations _____
