



A Member-Managed Not-for-Profit Insurance Association

LODGING RESERVATION REQUEST
RHA EMPLOYEE RATE LODGING PROGRAM
EFFECTIVE DATES: JANUARY 1 TO DECEMBER 31, 2008

Name of Requested Hotel/Resort: _____
Fax No. of Requested Hotel/Resort: (____) ____-_____
1st Choice: Arrival Date: ____/____/____ Departure Date: ____/____/____ Number of People: _____
2nd Choice: Arrival Date: ____/____/____ Departure Date: ____/____/____ Number of People: _____
Number of Rooms: _____ Type: DD K Q (check one) Preference: Smoking Non-Smoking (check one)

Name of Employee: _____ Hotel/Resort Employee RHA Staff
If Hotel/Resort Employee, Name of RHA Member Hotel/Resort: _____
Home Address of Employee: _____
City: _____ State: _____ Zip Code: _____ Telephone No. (____) ____-_____
Credit Card: Visa MC Amex Number: _____ Exp. Date: ____/____/____
Company Fax Number or Company Email Address for Confirmation: _____
Comments: _____

Bring completed request form to your hotel/resort authorized office for processing.

Resort Authorization: _____ Date: ____/____/____

Fax request form to hotel/resort requested.
A list of fax and phone numbers is located on the RHA list of participating properties.

THIS PORTION TO BE COMPLETED BY PARTICIPATING RESORT ONLY

Name of Hotel/Resort Representative: _____ Telephone No. (____) ____-____

Confirmation:

Confirmed Arrival Date: ____/____/____ Confirmed Departure Date: ____/____/____ Number of People: _____
Number of Rooms: _____ Type: DD K Q (check one) Preference: Smoking Non-Smoking (check one)
Rate: \$ _____ Cancellation Policy: _____
Additional Comments: _____

Declined:

Unable to fulfill request for the dates indicated due to availability.
Alternate Available Dates for Consideration: Arrival Date: ____/____/____ Departure Date: ____/____/____

Authorized Signature: _____ Date: ____/____/____