

NORTH AMERICAN INTERCOLLEGIATE DAIRY CHALLENGE RESERVATION FORM

****Reservation Cut Off Date is March 11, 2014****

****RATE PER ROOM PER NIGHT \$89+ 14% Tax****

NAIDC will Pay for Academy & Contest Students up to a Certain Allotment

Email, Fax or Mail All Reservations to:

Hilton Hotel 1020 South Calhoun St. Fort Wayne, IN 46802

Attention: Angie Ritchhart

260-420-3393 F / 260-420-1100 P

aritchhart@hiltonfortwayne.com

College Name: _____

Main Contact or Coaches Name: _____

Address: _____

Cell Number: _____

Email Address: _____

PAYMENT OPTIONS for COACHES & ADDITIONAL STUDENT ROOMS:

#1 Credit Card

If you plan to use a Credit Card to pay for your Coaches room and any additional Student rooms, then please fill out the 4th page of the reservation form. A credit card authorization form must be completed & submitted to the Hotel with your reservations. Please Note: The Card Holder's Signature line must be signed by the card holder & not electronically signed.

#2 Check

If you plan to pay with a check, you have to hold the rooms on a credit card & the check is required 2 weeks prior to check-in. Please call or email the Hotel to confirm the amount that the check needs to be sent for.

CC# & Exp. Date _____

****Refer to the NAIDC Housing Instructions and Room Allotments, Page 3, before Completing this Section****

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Room #	Guest #	Guest First & Last Name	Male or Female	King or Double	Check-in	Check-out	# of Nights	Contest Student, Academy Student or Coach
#1	1							
	2							
	3							
	4							
#2	1							
	2							
	3							
	4							
#3	1							
	2							
	3							
	4							
#4	1							
	2							
	3							
	4							
#5	1							
	2							
	3							
	4							

Special Notes:

Please Indicate Room Number and/or Guest Name that you have Special Notes For:

If a Coach would like to Share a Room with a Coach from Another College Please List that Here:

Shuttle Service

**If you need Shuttle Service to & from the Airport please indicate the following:

Guest Names, Arrival Day & Time, Airline & Flight #: _____

Guest Names, Departure Day & Time, Airline & Flight #: _____

**2014 NAIDC
Student Room
Allotments**

Use this table to determine the number of rooms that will be provided for your students on Wednesday through Saturday nights at no cost.

*Example:
If you bring seven students (3 males and 4 females) to the event, NAIDC would cover the cost for two rooms.*

Total Students (Contest + Academy)	Gender Ratio # males : # females (or vice-versa)	# Student Rooms Covered by NAIDC*
1	1:0	1
2	2:0	1
	1:1	2
3	3:0	1
	2:1	2
4	4:0	1
	3:1	2
	2:2	2
5	5:0	2
	4:1	2
	3:2	2
6	6:0	2
	5:1	3
	4:2	2
	3:3	2
7	7:0	2
	6:1	3
	5:2	3
	4:3	2
8	8:0	2
	7:1	3
	6:2	3
	5:3	3
	4:4	2
9	9:0	3
	8:1	3
	7:2	3
	6:3	3
	5:4	3
10	10:0	3
	9:1	4
	8:2	3
	7:3	3
	6:4	3
	5:5	4
11	11:0	3
	10:1	4
	9:2	4
	8:3	3
	7:4	3
	6:5	4
12	12:0	3
	11:1	4
	10:2	4
	9:3	4
	8:4	3
	7:5	4
	6:6	4

*Any rooms over this number will be the responsibility of the institution.

CREDIT CARD AUTHORIZATION FORM

Hilton Fort Wayne at the Grand Wayne Convention Center
1020 S Calhoun St
Fort Wayne, IN 46802
Phone: 260-420-1100
Fax: 260-420-3393

Date: _____

I, the undersigned, authorize the HILTON FORT WAYNE at the GRAND WAYNE CONVENTION CENTER, to charge my credit card

_____ Expiration Date _____ for:

Please check all that apply:

Room & Tax _____

Parking _____

Incidentals _____

Restaurant/Room Service _____

Function Room Rental _____

Function Food & Beverage _____

Guest Name or Company Name: _____

Confirmation: _____ Dates of Stay or Event: _____

Card Holder's Signature _____

Card Holder's Name _____

Billing Address _____

Daytime Telephone # _____