



EFCA
2008 Youth Challenge Conference
June 29 – July 4, 2008
Salt Palace Convention Center

INSTRUCTIONS

Reservations can be made in one of the following ways:

INTERNET:

www.efca.org/student/challenge

TELEPHONE:

Toll free (US): 800-217-0002
International: 801-521-9025

FAX:

801-355-0250

MAIL:

THE HOUSING CONNECTION
175 South West Temple, Suite 140
Salt Lake City, UT 84101

DEADLINE

Reservations must be made by phone, fax, internet or mail by **May 28, 2008** in order to guarantee convention rates.

CONFIRMATIONS

The Housing Connection will send you a confirmation of your reservation. Please review all information for accuracy. E-mail confirmations will be sent if an e-mail address is provided (preferred), or they can be faxed or mailed. If you do not receive a confirmation or have questions, please call The Housing Connection. **You will not receive a confirmation from the hotel.**

TAX RATE and REQUESTS

All rates are per room and are subject to 12.72% tax (subject to change). Special requests can not be guaranteed, however hotels will do their best to honor all requests. Hotels will assign specific rooms upon check-in, based on availability.

ROOM DEPOSIT REQUIRED TO SECURE RESERVATION:

Reservations will not be accepted without a Room Deposit of one night's room rental plus tax for each room reserved. Room Deposits will be accepted in the form of a check made payable to: THC/EFCA Housing Bureau, 175 South West Temple, Suite 140, Salt Lake City, UT 84101; or a valid credit card with signature authorizing the credit card to be charged for the Room Deposit. If the charge to the credit card is denied, we reserve the right to release your reservation.

CANCELLATION POLICY

A cancellation fee of \$45.00 per room will be charged for any cancellation received after May 27, 2008 and prior to 72 hours before arrival. One night's room and tax will be forfeited entirely if cancellation occurs within 72 hours of arrival.

LEAD YOUTH WORKER CONTACT INFORMATION

First Name _____ M.I. _____ Last Name _____

E-mail Address: _____

Daytime Phone: _____ Fax: _____

If providing international numbers, please include country and city access numbers

Church _____ Church ID #: _____

Address _____

Address 2 _____

City/State/Province _____

Zip/Postal Code, Country _____

HOTEL SELECTION

Hotel	Code	Rate*	Hotel	Code	Rate*
Best Western Garden Inn	BWG	\$89.00	Plaza Hotel	PLZ	\$90.00
Crystal Inn Downtown	CRS	\$89.00	Radisson Hotel	RAD	\$92.00
Hilton City Center	HIL	\$94.00	Red Lion Hotel	RED	\$89.00
Marriott City Center	MCC	\$95.00	Sheraton City Centre	SHR	\$90.00
Marriott Downtown	MAR	\$94.00	Shilo Inn Hotel	SHI	\$93.00

*Rate is for up to 4 guests per room

Please select four hotel choices from the Participating Hotels List and enter their codes below:

1st _____ 2nd _____ 3rd _____ 4th _____

If requested hotels are unavailable, a reservation will be made at the next available hotel. Please select criteria:

Comparable room rate

Proximity to conference site

Arrival Date _____ Departure Date _____

Number of Male Rooms Requested: _____

Number of Female Rooms Requested: _____

Check here if you have a disability requiring special services

Special requests: _____

DEPOSIT INFORMATION

All reservations requests must be accompanied by a credit card guarantee or check for one night's deposit. Housing Forms received without a valid guarantee/deposit will not be processed. Faxed requests must include a valid credit card. Check deposits must be mailed with a completed housing form.

Visa

Discover

Diner's Club

MasterCard

American Express

Card Number _____ Exp. Date _____

Name on Credit Card _____

Cardholder's Signature* _____

*I hereby authorize THC/EFCA Housing or any one of the participating hotels, to process a charge to my credit card for each Room Deposit in accordance with the policies and information provided herein no sooner than May28, 2008.