



# CBTU 39<sup>th</sup> Annual Convention

## May 26 - -31, 2010

Your reservations may be made on this official form and mailed to the Detroit Marriott at the Renaissance Center, Detroit, MI 48243-1003 or faxed to 313-568-8666. You can also make your reservation by calling 1-800-352-0831. **OR LOGGING ONTO ([www.detroitmarriott.com](http://www.detroitmarriott.com)) promotional code CBTCBTA**

Confirmation dates, (other than those shown above), depend upon room availability at the time your request is received. If you wish to make changes after receiving your confirmation, please call 1-800-352-0831. Individual cancellations must be received by 6PM the day to the intended arrival or the deposit will be forfeited. This is a completely smoke free hotel.

Your request must be received by the Detroit Marriott at the Renaissance Center by **April 23, 2010**.

We wish you a pleasant trip and appreciate the opportunity to welcome you to the Detroit Marriott at the Renaissance.

<p><b>Room Accommodations Per Night:</b></p> <p>---- Detroit Marriott at the Renaissance Center          Single/Double Occupancy \$124 plus 15% tax =  <b>\$142.60</b>          Net Convention Rate</p>	<p><b>DEPOSIT REQUIRED:</b> A check for \$142.60 or the appropriate credit card information must accompany this request for the first night's deposit. Please check accommodation desired.</p> <p>Deposit is fully refundable if cancellation is received 72 hours prior to intended arrival.</p>
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RATES BASED ON SINGLE OR DOUBLE OCCUPANCY. \$50.00 cash deposit required at check-in if paying by cash. Maximum occupancy is five persons per room.

<b>Room check-in time: after 3:00 PM</b>		<b>Check-out time: 12 Noon</b>
Arrival Date	Guest Name	Daytime Phone Number
Departure Date	Address	Fax Number
Number of Rooms	City-State-Zip Code	E-Mail Address for confirmation
Number in Party	Additional Guest Names (Please note Adult or Child) 1. 2. 3. 4.	Special Requests (Please check) Crib _____ Handicap _____ Accessible  <b>This is a smoke free hotel</b>
Marriott Reward Number: _____		

- Guaranteed Arrival:  Enclosed check for deposit       Deposit to be billed to my credit card  
 MasterCard                       American Express                       VISA                       Discover Card  
 Diners Club                       Carte Blanche

Credit Card #: \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name as imprinted on credit card: \_\_\_\_\_ (Please Print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_