

Reservation Request

OMNI  **RESORTS**
the homestead
Southern Surgical Association
December 3 – 6, 2017

The following daily rates are **per room, per day** based on the Modified American Plan (Breakfast and Dinner).
\$264.00 for Single Occupancy and \$354.00 for Double Occupancy

Rates listed below are for upgrades to guarantee specific rooms and suites (based on availability)

Please circle preferred rate:

| ROOMS: | | SUITES: (Based on availability) |
|-------------------------------------|-------------------------------------|--|
| Deluxe | Single - \$289.00 Double - \$379.00 | Executive Studio Suite: Single - \$384.00 Double - \$474.00 |
| Deluxe View | Single - \$299.00 Double - \$389.00 | Homestead Executive Suite: Single - \$484.00 Double - \$574.00 |
| Premier | Single - \$324.00 Double - \$414.00 | Luxury Landmark Suite: Available Upon Request |
| Preferred View | Single - \$334.00 Double - \$424.00 | Luxury Presidents Suite: Available Upon Request |
| Children sharing room with parents: | | |
| 0 to 6 years - Complimentary | 6-12 years old - \$20.00 | |
| 13-18 years old - \$90.00 | Additional Adult - \$115.00 | |

15% daily resort charge is additional. Package prices are subject to applicable state and local taxes (currently 9.3%) in effect at the time of check-in.

Arrival date: _____ /Time: _____ Departure date: _____ /Time: _____

Name (please print) _____ No. of adults _____

Room mate (if applicable) _____

Address _____

City _____ State _____ Zip Code _____

Daytime Telephone _____ FAX _____

Email Address: _____

Children's names and ages: _____

An advance deposit equal to one night's room rate plus resort charge and tax is required to guarantee your reservation. **Early mailing of reservations is highly recommended.** Confirmed reservations are based on room availability. Reservations must be received by **November 10, 2017** or until the room block has been filled. Deposit may be made with Visa, MasterCard, American Express, Diner's Club, and Discover, **which will be charged when reservation request is received.** If deposit is by check payment must be received with this reservation request. **Changes or cancellations may be made to your reservation without any penalty until 7 days prior to your arrival. Changes or cancellations within 7 days of arrival will result in forfeiture of the deposit.** Failure to show on the first night of stay will cause cancellation of all activities and dining reservations for the entire stay.

Credit Card No. _____ Expiration date _____

Visa _____ MasterCard _____ American Express _____ Discover _____ Diner's Club _____

Guest may go to <http://omnionlinepayment.com> to access the form with their last name and confirmation number.

- 1) An advanced deposit must be completed **30 days prior to the stay.**
- 2) If this is not possible, the card must be presented at check-in.

Advance reservations and appointments are required for all evening dining and recreation to ensure preferred times. Please call 800-838-1766. Check in time is after 4:00 p.m. Check out time is before 12:00 noon.

Reservations request made by: _____ Date: _____

Dress: During the day, casual attire is preferred. Jeans and bathing suits are discouraged in The Great Hall. In the evening, collared shirt, jacket and dress shoes are required in the Dining Room. Tie optional in Dining Room. Resort casual elsewhere.

Mail to: Group Reservations, P.O. Box 2000, Hot Springs, Virginia 24445

FAX request may be sent to 540-839-7670

Reservations will be confirmed by e-mail.

Visit our website at <https://www.omnihotels.com/hotels/homestead-virginia/meetings/southern-surgical-association>