

**INDY WELCOMES DRUM CORPS INTERNATIONAL  
AUGUST 10-14, 2010  
HOTEL RESERVATION FORM**

**GENERAL INFORMATION**

Reservations can be made by choosing one of the following methods:

INTERNET: Book your reservation on-line at [www.DCI.org](http://www.DCI.org). **This is the quickest and most effective method.**

PHONE: Call 317-684-2573, 8:30 a.m.-5 p.m. EST.

FAX: Send completed form to 1-317-684-2492.

MAIL: Send completed form to DCI Housing Bureau, 30 S. Meridian St., Ste. 410, Indianapolis, IN 46204-3569.

All reservation requests will be made through the Housing Bureau. DEADLINE: Tuesday, July 13, 2010.

ACKNOWLEDGEMENTS: Acknowledgements will be sent after each reservation booking, modification and/or cancellation.

Review acknowledgements carefully for accuracy. If you do not receive an acknowledgement within 14 days after any transaction, please call the Housing Bureau at 1-317-684-2573.

MODIFICATIONS/CANCELLATIONS: Please review carefully. A one-night (plus 17% tax) advance deposit is required for each room requested. Checks will be deposited 7 days prior to arrival date. Credit card processing will be held until checkout. **A \$25 cancellation fee will be charged for reservations cancelled after Monday, July 5, 2010.** Reservations cancelled after Thursday, July 29, 2010 or no shows will be charged by the hotel.

MULTIPLE ROOMS: For reservations of 5 or more rooms, rooming lists are due by Thursday, July 1, 2010.

**HOTEL INFORMATION**

Type of room: 1 bed/1 person (1B/1P) \_\_\_\_\_ 1 bed/2 people (1B/2P) \_\_\_\_\_ 2 beds/2 people (2B/2P) \_\_\_\_\_  
 2 beds/3 people (2B/3P) \_\_\_\_\_ 2 beds/4 people (2B/4P) \_\_\_\_\_ Rollaway \_\_\_\_\_

Number of Rooms: \_\_\_ Arrival: \_\_\_\_\_ Departure: \_\_\_\_\_ Number of Nights: \_\_\_\_\_

Hotel requested:	1B/1P	1B/2P	2B/2P	2B/3P	2B/4P
Canterbury Hotel _____	\$ 150	\$ 150	---	---	---
Crowne Plaza _____	\$ 152	\$ 152	\$ 152	\$ 152	\$ 152
Hampton Inn Downtown _____	\$ 147	\$ 147	\$ 147	\$ 147	\$ 147
Hilton Indianapolis _____	\$ 150	\$ 150	\$ 150	\$ 150	\$ 150
Hyatt Regency Indianapolis _____	\$ 159	\$ 159	\$ 159	\$ 159	\$ 159
Indianapolis Marriott Downtown _____	\$ 178	\$ 178	\$ 178	\$ 178	\$ 178
Omni Severin _____	\$ 144	\$ 144	\$ 144	\$ 154	\$ 164
Sheraton City Centre _____	\$ 145	\$ 145	\$ 145	\$ 145	\$ 145
Westin Indianapolis _____	\$ 156	\$ 156	\$ 156	\$ 176	\$ 196

Requests will be processed on a first-come, first-served basis. If all your choices are unavailable, you will be placed in the next available choice that meets your requirements.

Special requests:  Smoking  Non-Smoking  Handicapped  Other \_\_\_\_\_ Requests are not guaranteed.

**DELEGATE INFORMATION**

First Name: \_\_\_\_\_ Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

E-Mail Address : \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

International prefix and area code, if necessary: \_\_\_\_\_

Contact Name for Groups: \_\_\_\_\_

Additional Guests in Room: 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**PAYMENT INFORMATION**

Credit Cards:  Visa  Mastercard  American Express  Discover  Other \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_ Signature: \_\_\_\_\_

By signing I authorize my credit card to be charged in compliance with the above referenced cancellation policies should I cancel my reservation.

Checks: Check Number: \_\_\_\_\_ Amount: \_\_\_\_\_

Make checks payable to DCI Housing Bureau • 30 S. Meridian St., Ste. 410 • Indianapolis, IN 46204-3569