



Grandover Hotel Accommodations Form
FAX TO: 919-856-0396 or
EMAIL TO: jboss@nctechology.org

I am attending the following events:

- Annual NCTA TWC Business Class Open Championship – August 4
- Leadership Conference - August 4 & 5

I plan to stay at the Grandover Resort on the following dates:

- Only Monday evening August 3
- Only Tuesday evening August 4
- Both Monday, August 3 & Tuesday, August 4

Room Preference (Listed rates do not include tax and resort fees)

- 1 Person Rate King \$159 1 Person Rate Double Queen \$179
 - 2 Person Rate King \$179 2 Person Rate Double Queen \$199
- (Rate includes Breakfast and access to resort amenities)

* Please Note, Hotel Accommodations for Tuesday, August 4 are included as part of the Conference Fee for those individuals attending the Leadership Conference. Room Reservation for Monday, August 3 will be reserved, but will be the responsibility of the individual. Reservation Questions contact Jennifer Bosser, (919) 856-0393 x227 or for specific questions about your reservation, please contact Grandover Resort Reservations at (336)294-1800 and reference the NCTA Conference.

DEADLINE FOR SPECIAL RATES

In order to receive listed rates, please submit your reservation request form by **Thursday, July 2**. Reservation rates after this date are not guaranteed and will be based on hotel availability and published rates.

RESORT SERVICE FEE & STATE SALES TAX: Fees stated are inclusive of all fees and tax. Rates are subject to 10% resort service fee, 6.5% state sales tax and 3% occupancy tax on room portion only.

DEPOSIT AND CANCELLATION POLICY: A deposit representing one night's rate per person is charged at the time the reservation is made. Cancellation of accommodations once registration is booked is the responsibility of the guest. Cancellations must be made seventy-two (72) hours before arrival date. Any room reservations not cancelled seventy-two (72) hours before the arrival date will be billed to the individual.

Names for Hotel Reservation – Single and Double Occupancy

Guest 1 Name _____ Company _____

Phone _____ Email _____

Guest 2 Name _____ Company _____

Phone _____ Email _____

Credit Card Information

- Visa MasterCard Amex

Name _____ Company _____

Address _____ City, State, Zip _____

Phone _____ Fax _____

Email _____

Credit Card Number _____ Exp Date _____

Name on Card _____

PLEASE RETURN COMPLETED FORM TO:

NCTA, 4020 Westchase Blvd. Suite 350, Raleigh, NC 27607
 Fax: (919)856-0396

Questions? Contact Jennifer Bosser, VP of Executive Engagement and Enterprise Strategy,
 919-856-0393 x227 or jboss@nctechology.org