



SEND HOTEL RESERVATION REQUESTS TO:

Denver Renaissance Hotel
Attn: Tracie Green-Saathoff
3801 Quebec St.
Denver, CO 80207
303-336-5213
303-336-5353 Fax
tracie.green-saathoff@renaissancehotels.com

Special Rate: \$99.00
Single, Double, Triple, Quad

ADULT ATTENDING RESPONSIBLE FOR DELEGATES CHARGES

****PLEASE TYPE ALL INFORMATION****
(Make additional copies if necessary)

4-H Leadership Development Conference Reservations must be received by the Renaissance Denver Hotel on or before **January 13, 2012**. Rooms are subject to availability. If Hotel sells out prior to or after January 13, 2012, guests will be offered alternate housing nearby. All rates are subject to a room tax. All reservations must be guaranteed with a major credit card or check for the amount of the first nights stay.

Enclose check or circle payment method: **Master Card** **Visa** **Diner's Club** **Amex** **Discover**

Card Number: _____ **Expiration Date:** ____/____/____

Check-In time is 3:00pm. Check-Out time is 12:00pm

Please reserve accommodations for the following (each four lines represents one (1) room; indicate your preference by assigning from one to four people per room). The hotel has a limited number of double occupancy non-smoking rooms and cannot guarantee requests.

NAME	COUNTY REPRESENTING	ARRIVAL DATE	DEPARTURE DATE
ROOM NUMBER 1			
ROOM NUMBER 2			

We understand the registration of these delegates commits each individual to observe all rules of the hotel and each person becomes responsible and agrees to pay immediately for any damages done to the Renaissance Denver Hotel premises, equipment and furnishings.

Person making these reservations:

Name: _____

Title: _____

Complete Office Address: _____

Phone: _____
