

RESORT  HOTEL
ASSOCIATION

A Member-Managed Not-for-Profit Insurance Association

LODGING RESERVATION REQUEST
RHA EMPLOYEE RATE LODGING PROGRAM
EFFECTIVE DATES: JANUARY 1 TO DECEMBER 31, 2012

Name of Requested Hotel/Resort: _____

E-mail of Requested Hotel/Resort _____ or Fax No. : (____) ____-_____

1st Choice: Arrival Date: ___/___/___ Departure Date: ___/___/___ Number of People: _____

2nd Choice: Arrival Date: ___/___/___ Departure Date: ___/___/___ Number of People: _____

Number of Rooms: _____ Type: DD K Q (check one) Preference: Smoking Non-Smoking (check one)

Name of Employee: _____ Hotel/Resort Employee RHA Staff

If Hotel/Resort Employee, Name of RHA Member Hotel/Resort: _____

Home Address of Employee: _____

City: _____ State: _____ Zip Code: _____ Telephone No. (____) ____-_____

Credit Card: Visa MC Amex Number: _____ Exp. Date: ___/___

Company Fax Number or Company Email Address for Confirmation: _____

Comments: _____

Supervisor/Resort Authorization: _____ Date: ___/___/___

E-mail or fax this form to hotel/resort requested. A list of e-mail, fax and phone numbers is located on the RHA list of participating properties, at www.rhainsure.com/erlp.

THIS PORTION TO BE COMPLETED BY PARTICIPATING RESORT

Name of Hotel/Resort Representative: _____ Telephone No. (____) ____-_____

Confirmation:

Confirmation Number: _____

Arrival Date: ___/___/___ Departure Date: ___/___/___ Number of People: _____

Number of Rooms: _____ Type: DD K Q (check one) Preference: Smoking Non-Smoking (check one)

Rate: \$ _____ Cancellation Policy: _____

Additional Comments: _____

Declined:

Unable to fulfill request for the dates indicated due to availability.

Alternate Available Dates for Consideration: Arrival Date: ___/___/___ Departure Date: ___/___/___

Authorized Signature: _____ Date: ___/___/___