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# **DISABILITY LODGING REQUEST**

***Please note required submission dates on back of form!***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County Township

Email address (for confirmation): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is requesting consideration for lodging based on a disability. I understand this request will be granted on a **space available** basis and ***may result in separation of other delegates from the same township***.

Reason for consideration (*please attach any applicable doctor’s notes if available*):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Arrival Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Departure Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Room Type -**

Circle One: No Preference 1 King Bed 2 Queen Beds

*(recommended)*

**Wheelchair accessible room?** Yes No

*“Wheelchair accessible” rooms are limited, please request one only if needed to accommodate a wheelchair.*

**Shower/Tub grab bar room?** Yes No

*“Shower/Tub grab bar” rooms are limited, please request one only if needed.*

**Shower chair needed?** Yes No

**Other special needs? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*All special needs noted will be passed on to the Hershey Lodge for assignment.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Signature Date

***OVER………...***

*If individual is registering on-line, this form must be completed in full and received by PSATS prior to the close of business February 1, 2018 for consideration. Form may be mailed, faxed (717)763-9732, or emailed to:* [*conference@psats.org*](mailto:conference@psats.org)

*If individual is using paper registration, this form must be attached to the Conference Registration Form and received by PSATS prior to the close of business on February 1, 2018 for consideration.*

*CREDIT CARD INFORMATION BELOW IS REQUIRED! THIS WILL GUARANTEE YOUR RESERVATION, HOWEVER NOTHING WILL BE CHARGED TO THE CREDIT CARD AT THIS TIME.*

Credit Card Type (circle one):

Visa Mastercard Discover American Express

Name as it appears on card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Number: \_\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_

Security Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date: \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

Billing Address (that the card is billed to):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_