



TEXAS ASSOCIATION *of* COUNTIES LEGISLATIVE CONFERENCE

Exhibitor Dates: August 29-31, 2023 · Fairmont Austin Hotel, Austin

Hotel Reservation Request Form – Exhibitors

HOTEL RESERVATIONS

Vendors are allowed access to up to TWO rooms per booth in the TAC room block. Your organization is responsible for payment of hotel reservations and cancellations, if within hotel cancellation policy. If you have any questions, please contact Sarah Lazarowitz with County Progress at (325) 673-4822 ext. 2121 or slazarowitz@zacpubs.com.

For 2023 the room rate is \$210/night plus applicable taxes and fees as charged by the hotel.

ROOM 1-Full Name: _____ Company Name: _____

E-mail Address: _____ Phone Number: _____

Arrival Date: _____ Departure Date: _____

Room Preference* (check all that apply):

King Bed Two Double Beds

Handicapped

ROOM 2-Full Name: _____ Company Name: _____


E-mail Address: _____ Phone Number: _____

Arrival Date: _____ Departure Date: _____

Room Preference* (check all that apply):

King Bed Two Double Beds

Handicapped

 **Special Services:** To ensure that our conference is ADA accessible to all, please contact TAC at (800) 456-5974, if you require special assistance.

*Please note that room preferences are REQUESTS ONLY. We will do our best to honor requests. Requests will be honored first-come, first-served basis, based on hotel availability.

HOTEL CANCELLATION POLICY: In the event that you need to cancel your hotel reservation, please **email your cancellation** to Sarah Lazarowitz at slazarowitz@zacpubs.com, so we can release the room to another attendee or vendor.

CREDIT CARD AUTHORIZATION

NOTE: All reservations must be accompanied by a first night room deposit or guaranteed with a major credit card. In the event that a guest room must be cancelled, it must be done so 48 hours prior to arrival to avoid billing for first night's room and tax. Any cancellations or no shows without a 48 hour advance notice will result in billing for first night's room and tax.

Credit Card Type: ___ MasterCard ___ Visa ___ American Express ___ Discover

Credit Card Number (please print clearly): _____ Exp. Date: _____

Cardholder's Name: _____

Billing Address: _____ City, State, Zip: _____

The Texas Association of Counties is authorized to use the above card to guarantee my hotel reservation. **If I fail to cancel my hotel room by notifying TAC before the deadline date, or by notifying the hotel directly, I understand that one night's room rate will be charged to my card.**

Cardholder's Signature: _____ Date: _____