RENAISSANCE®
DENVER HOTEL

Holiday Inn

**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

**LIVESTOCK JUDGING, SEND HOTEL RESERVATION TO:**
**Holiday Inn Denver Stapleton**
**Attn.; Annette Struwe**
**3333 Quebec Street**
**Denver, CO 80207**
**303-329-2771**
**303-320-0571**
annette.struwe@histapleton.com

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**ADULT ATTENDING RESPONSIBLE FOR DELEGATES CHARGES**

**Special Rate: $95.00**
**Single, Double, Triple, Quad**

## **PLEASE TYPE or PRINT LEGIBLY ALL INFORMATION**
**(Make additional copies if necessary)**

For Western National Roundup, Horse Classic, Family Consumer Sciences, Public Speaking, Parliamentary Procedure & Meats ID. Reservations must be received by the hotel on or before **November 30, 2018**. Rooms are subject to availability. If the hotels sell out prior to or after the final reservations day, guests will be offered alternate housing nearby. All rates are subject to a 15.75% room tax. All reservations must be guaranteed with a major credit card or check for the amount of the first night stay. Room Type is not guaranteed and a King with Pull Out Sofa Sleeper is standard for 3 people or less. Special Requests are not guaranteed.

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

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

**Check-In Time is 3:00pm. Check-Out time is 11:00 am**

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. Please list here the contest you are associated with _____.

| Room 1 Names | Arrival | Depart | State |
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| Room 2 Names | | | |
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| Room 3 Names | | | |
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| Room 4 Names | Arrival | Depart | State |
|---|---|---|---|
| | | | |
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| | | | |
| Room 5 Names | | | |
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| Room 6 Names | | | |
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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 or Holiday Inn premises, equipment and furnishings.

**Person making these reservations:**

**Name**:_____ **Title**:_____

**Complete Address**:_____ **Phone**:_____

_____ **E-mail:**_____