



CONFERENCE DISABILITY LODGING REQUEST FORM

This form must be received by PSATS prior to the close of business on January 31, 2020!

County

Township

Email address (for confirmation): _____

I, _____ (name) am requesting consideration for disability lodging at the Hershey Lodge. I understand this request will be granted on a **space available basis and may result in me being at a different hotel than the other attendees from my township.**

Reason for consideration (*please attach any applicable doctor's notes*):

Arrival Date: _____ Departure Date: _____

Room Type (circle one): No Preference 1 King Bed 2 Queen Beds
(recommended)

Wheelchair accessible room needed? Yes / No
Since "Wheelchair accessible" rooms are limited, please request one only if needed to accommodate a wheelchair.

Shower/Tub grab bar room needed? Yes / No
Since "Shower/Tub grab bar" rooms are limited, please request one only if needed.

Shower chair needed? Yes / No

Other special room needs? _____
All special needs noted will be passed on to the Hershey Lodge for assignment.

Signature

Date

Over ...

On-line registration: If you are registering for the conference on-line, this form must be completed in full and received by PSATS before the close of business on January 31, 2020 for consideration. This form may be mailed to PSATS, 4855 Woodland Drive, Enola, PA, 1725; faxed to (717) 763-9732; or scanned and emailed to conference@psats.org.

Paper registration: If you are registering for the conference using the paper registration form, this form must be completed in full, attached to your Conference Registration Form, and received by PSATS before the close of business on January 31, 2020 for consideration. Both these forms may be mailed to PSATS, 4855 Woodland Drive, Enola, PA, 1725; faxed to (717) 763-9732; or scanned and emailed to conference@psats.org.

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

Name on Card:

Credit Card Type (please circle): VISA MASTERCARD DISCOVER

Credit Card Number: ____ / ____ / ____ / ____

Expiration Date: ____/____ Security Code: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____