# FORM A1 – Hotel Information

*February 23-25, 2025*

**Due: January 21, 2025**

***Note:*** The conference will be held at the Holiday Inn Portland – Columbia Riverfront. All rooms will be filled on a first come first served basis. Chapters will be prioritized to the main hotel with overflow assignments made according to the best fit (e.g. room counts and number of guests in each room). Please list all people on ***the hotel housing spreadsheet (this is an Excel File)*** that are registered for the conference. ONLY those people registered for the conference should be on your housing list. Mark either student or adult room and the type of accommodations desired**. Correct student names must be on *the hotel housing spreadsheet* when the registration is sent to the hotel**. Advisors will receive a hotel confirmation. **Maximum number per hotel room is 4—no exceptions**.

**All participants must stay at the official conference hotel for the duration of the conference, which is two nights. The hotel cost below is the per room cost for each individual night of stay.**

**Special Instructions -** Include information such as late arrival, handicap accessible rooms, or names of students/adults from another school with whom you want to share the room. If you wish students or adults to share a room with another school, advisors will need to make these arrangements prior to returning the hotel housing spreadsheet***.*** The hotel housing spreadsheet for each school involved will need to show the mix so that we know each school is aware of the accommodations requested. Please do not write, "fill with other people to make quad" on the room form. The hotel will not find roommates for you. **DO NOT MAKE ANY SPECIAL ROOM REQUEST (other than handicapped or non-smoking).**

**Send this Form and a printed copy of your hotel housing spreadsheet to:**

Cody Martin (Reservations Manager)

[cody.martin@hicolumbiariver.com](mailto:cody.martin@hicolumbiariver.com)

Holiday Inn Portland-Columbia Riverfront

909 N. Hayden Island Dr.

Portland, OR 97217

p: 503.283.4466

f: 503-735-4847

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| --- |
| **Room Rate Information** |
| $157 + 16% tax + $5 facility fee = total inclusive room rate is $187.12 per room/per night |
| *Note that room rate is the same for Single, Double, Triple & Quad Occupancies* |
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***Note: Suites are available, and request must be made directly with the hotel.***

***If you request a suite, you will be charged at a much higher rate ($250.00-$350.00).***

**Payment**: In order to check into your rooms, credit must be established in advance. This may be done with a purchase order, check, or credit card. Purchase orders and checks should be received by **January 21, 2025** and should be for the full amount of your estimated room charges (plus 16% tax and $5 facility fee); while credit cards need to be charged at the time of check in. In order to pay for rooms with a credit card you must complete and submit the Credit Card form and process payment prior to arrival. Delegations not meeting one of the above criteria will not be guaranteed rooms. If you have any questions regarding these billing procedures, please call the hotel and ask for Accounting.

FORM A1

**Oregon DECA**

**Hotel Billing Form**

**Submission Deadline:** January 21, 2025

**Email/Fax/Mail To:** Cody Martin (Reservations Manager)

[cody.martin@hicolumbiariver.com](mailto:cody.martin@hicolumbiariver.com)

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**Chapter Name: Advisor:**

**Phone: Email:**

**Address:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Hotel Room Count/Charge Summary** | | | |
| **Hotel Rooms (total number of rooms)** | **x** | **Rate** | **Amount** |
| # of Rooms: | **x** | **$187.12** | **$** |
| Suites/Special Charges: | **x** |  | **$** |
| **Total Due: $** | | | |

Please indicate payment method:

o Check o Credit Card o Purchase Order

I acknowledge the above information and understand that if the deadline is not met for providing billing information, the rooms for my delegation will not be guaranteed.

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Chapter Advisor Signature Date

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