FORM A1 – Hotel Information

February 6-8, 2027

**Note that the dates of SCDC 2027 are Saturday – Monday, this is a change from previous SCDC schedules.*

Due: January 12, 2027

Note: The conference will be held at the Hyatt Regency at the Portland Convention Center. 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**. Student emails are not required on the housing spreadsheet. Advisors will receive a list of hotel confirmation numbers.
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:
Jana Mcleod, TbHS
Senior Events Manager
Hyatt Regency Portland at the Oregon Convention Center
375 NE Holladay St. Portland, OR 97232, USA
+1 971 754 6194| jana.mcleod@hyatt.com
hyattregencyportlandocc.com

Room Rate Information
$179 + 16% tax = total inclusive room rate is $207.64 per room/per night
Note that room rate is the same for Single, Double, Triple & Quad Occupancies

Note: A few suites are available, and requests must be made directly with the hotel. Suite occupancy is 4. If you request a suite, you will be charged at a much higher rate. HOTEL BOOKING LINK or 877-803-7534 Suite confirmation numbers should be provided to the hotel when submitting housing information so that rooms can be grouped together.

Payment: In order to check into your rooms, credit must be established in advance. This may be done with a check or credit card. Checks should be received by **January 12, 2027** at the following address and should be for the full amount of your estimated room charges (plus 16% tax) and with your list of confirmation numbers.

Checks should be mailed to:
US Mail –
Hyatt Regency Portland

PO Box 841925
Dallas, TX 75284-1925
or
Courier – (overnight)
Bank of America Lockbox Services
Hyatt Regency Portland Lockbox 841925
1950 N. Stemmons Freeway
Suite 5010
Dallas, TX 75207

Credit cards will be charged an additional 20% contingency fee that is refundable if not used. In order to pay for rooms with a credit card you must request a link through the hotel when you submit all housing information.

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 contact.

FORM A1

Oregon DECA
Hotel Billing Form

Submission Deadline: January 12, 2027
Email/Fax/Mail To:
Jana Mcleod, TbHS
Senior Events Manager
Hyatt Regency Portland at the Oregon Convention Center
375 NE Holladay St. Portland, OR 97232, USA
+1 971 754 6194| jana.mcleod@hyatt.com
hyattregencyportlandocc.com

Chapter Name: _____ **Advisor:** _____

Phone: _____ **Email:** _____

Address: _____
_____

Hotel Room Count/Charge Summary			
Hotel Rooms (total number of rooms)	**x**	**Rate**	**Amount**
# of Rooms:	**x**	**$207.64**	**$**
		Total Due:	**$**

Please indicate payment method:

☐ Check ☐ Credit Card

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.

_____ _____
Chapter Advisor Signature Date

_____
Chapter