

NSBA's 20th Annual Technology + Learning Conference
November 8-10, 2006 / Dallas, TX
 Exhibitor Group Block Form (for 10 rooms or more)

Room/Suite Requirements: Please indicate the number of rooms by type for each night.

| DATE | Sat 11/4 | Sun 11/5 | Mon 11/6 | Tue 11/7 | Wed 11/8 | Thu 11/9 | Fri 11/10 | Sat 11/11 |
|--------------|-------------|-------------|-------------|-------------|-------------|-------------|--------------|--------------|
| Single | | | | | | | | |
| Double | | | | | | | | |
| Dbl/Dbl | | | | | | | | |
| *Suites | | | | | | | | |
| TOTAL | | | | | | | | |
| | | | | | | | | |

*Please specify the reason for the suite request: i.e. hospitality function, upgraded sleeping accommodations, etc.

_____ You will be contacted by an NSBA T+L Housing Consultant to discuss your suite requirements.

Special Requests: _____

Contact for Group Confirmation:

Group Contact: _____

Company: _____

Address: _____ City/State: _____

Zip _____ Country: _____ Phone: _____ Fax: _____

E-mail _____

Hotel Preference: Be certain to indicate at least four choices.

1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____

4th Choice: _____

Deposit Information & Cancellation Policy

No reservation will be processed without a credit card guarantee for one night's room & tax per room or a check deposit of \$200 per guestroom or \$400 per suite. Please note that your credit card may be charged the one night's room plus tax, but not until after October 11, 2006, subject to individual hotel policy. You will receive a full refund of your deposit if cancelled on or prior to October 11, 2006. If you do not cancel your reservation prior to October 11, 2006 or fail to arrive on your confirmed date, your credit card will be charged the one night room charge plus tax or you will forfeit your deposit check, and your reservation will be canceled for the remainder of your stay.

◆ Make Checks payable to Convention Management Resources, Inc. (\$200 per guestroom/\$400 per suite)

NOTE: Checks must be received by 5pm (PST) October 11, 2006.

Check#: _____

VISA MasterCard American Express Discover Diners

Credit Card Number _____ Expiration Date _____

Name as it appears on card _____

Signature _____

* Mail form to: **NSBA T+L Housing, 33 New Montgomery, Suite 1420, San Francisco, CA 94105**
 7 Or Fax form to: **(415) 979-2250** Credit Card or Check (Must be received before reservation is processed)
 (To speak to a Housing Service Consultant call Monday through Friday between 9:00 a.m.-9:00 p.m., Eastern Time
(800) 636-4766 (US & Canada) or (415) 979-2265 (International) or E-mail to: **T+L2006Housing@cmrus.com.**