



Positive Practices in Behavioral Support
Los Angeles, CA -- July 20, 21, 22, and 23, 2010
Hotel Reservation Form For Overnight Accommodations at the
Embassy Suites LAX North Hotel

Name _____

Roommate _____

Agency _____

Address _____

City _____ State _____ Zip _____

Phone () _____ Fax () _____

Arrival Date _____ Departure Date _____

Room Preference: Single _____ (1 King bed) Double _____ (2 Queen Beds)

All rooms must be pre-paid to IABA at the rate of \$170.00 per night inclusive of taxes.
Incidentals, eg., phone, movies, room service, etc., are the responsibility of the individual. The
hotel will require a deposit or credit card upon check-in to cover these incidentals.

Mail or Fax Payment to: IABA, PO Box 5743 Greenville, SC 29606-5743
Toll Free Fax: 877-670-IABA (4222)

Room & Tax Payment Method: Total Payment Enclosed: \$ _____

[] Personal or [] Company Check # or PO # _____

or [] Amex - [] MasterCard - [] Visa Card # _____

Security Code _____ Expiration Date: _____

Signature _____

Name on Card _____

Complete Billing Address for Credit Card if different from above address:

Address _____

City _____ State _____ Zip _____

If you have any questions, please us at 800-457-5575