



**Room Reservation Contract for South By Southwest 2009**

**Option 1: Music Only 3/18-3/21/2009 depart 3/22/09**

Please indicate the number of guest rooms you'd like to request below. Then circle the room type box you'd like to request.

<b>Historic Rooms</b>	<b>Specialty Suites</b>	<b>Premier Suites</b>
# Rooms:	# Rooms:	# Rooms:
4 nights: <b>\$649.00</b>	4 nights: <b>\$849.00</b>	4 nights: <b>\$1,199.00</b>
15% Tax: \$389.40	15% Tax: \$509.40	15% Tax: \$719.40
Total: \$2,985.40	Total: \$3,905.40	Total: \$5,515.40

**Option 2: South By Southwest Event 3/12-3/21/2009 depart 3/22/09**

<b>Traditional Rooms</b>	<b>Historic Rooms</b>	<b>Specialty Suites</b>	<b>Premier Suites</b>
# Rooms:	# Rooms:	# Rooms:	# Rooms:
10 nights: <b>\$399.00</b>	10 nights: <b>\$449.00</b>	10 nights: <b>\$649.00</b>	10 nights: <b>\$849.00</b>
15% Tax: \$598.50	15% Tax: \$673.50	15% Tax: \$973.50	15% Tax: \$1,273.50
Total: \$4,588.50	Total: \$5,163.50	Total: \$7,463.50	Total: \$9,763.50

**Client Acknowledgement**

**Initial here \_\_\_\_\_**

\*No cancellations, modifications, early departures, or refunds will be allowed once you have guaranteed your reservation(s). Credit cards will be charged 25 days prior to arrival for the full amount of room and applicable taxes as stipulated in this contract. All Special event rates are non-commissionable. Rooms during this special event are limited therefore; your first option may not be available so please return your contract as soon as possible to guarantee your reservation(s). Additional nights may be reserved. Please list your entire stay below.

\*Please complete the following information below and return with method of payment to: The Driskill Hotel, 604 Brazos St., Austin, TX 78701. You may fax your contract to 512-391-7059. Your reservation will not be confirmed until we have received this form with your signature and a method of payment.

\*Upon signing this reservation form you are agreeing to the above terms and conditions. This contract must be filled out in its entirety in order to be considered valid.

ARRIVE: \_\_\_\_\_

DEPART: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

ALTERNATE PHONE: \_\_\_\_\_

FAX #: \_\_\_\_\_

CREDIT CARD #: \_\_\_\_\_

EXP: \_\_\_\_\_

AMT. ENCLOSED \$ \_\_\_\_\_ (If paying by check)

SIGNATURE: \_\_\_\_\_

**If paying by credit card please include a photo copy of the front and back of your credit card and photo I.D.**