



**PSATS 2024 ANNUAL EDUCATIONAL CONFERENCE & EXHIBIT SHOW
DISABILITY LODGING REQUEST ROOM RESERVATION FORM**

This form must be received by PSATS before January 12, 2024

PSATS ID#: _____

Name: _____ Township/County: _____

Mailing Address: _____

Email Address: _____

Arrival Date: 04/ /2024 Departure Date: 04/ /2024

Number of Room Occupants (must be registered for conference): _____

Select Room Type: ☐ No preference (***recommended***)
☐ King
☐ Double Queen
☐ To be shared with _____

Wheelchair accessible room needed? ☐ Yes / ☐ No

Since "Wheelchair accessible" rooms are limited, please request one only if needed to accommodate a wheelchair.

Shower/Tub grab bar room needed? ☐ Yes / ☐ No

Since "Shower/Tub grab bar" rooms are limited, please request one only if needed.

Shower chair needed? ☐ Yes / ☐ No

Other special room needs? _____

All special needs noted will be passed on to the Hershey Lodge for assignment.

Please attach a medical document for consideration.

Over

I request consideration for disability lodging at the Hershey Lodge. I understand this request will only be granted as space is available but may result in other attendees from my township being at a different hotel. I understand that I must be registered for the 2023 Conference for the request to be considered.

Signature of Attendee

Date

Credit Card Information (**REQUIRED TO GUARANTEE THE RESERVATION** – *There will be no charge to the card at this time!*):

Name on Card: _____

Credit Card Type (please circle): VISA MASTERCARD DISCOVER AMX

Credit Card Number: ____/____/____/____

Expiration Date: ____/____ Security Code: _____

Billing Address: Street: _____

City: _____ State: _____ Zip: _____

This form may be mailed to PSATS, 4855 Woodland Drive, Enola, PA 17025; faxed to (717) 763-9732; or email to conference@psats.org