



## Hotel Request Form

**Name:** \_\_\_\_\_

**Arrival Date:** \_\_\_\_\_

**Departure Date:** \_\_\_\_\_

**Comments or Special Requests (non-smoking room/bed size/room location, additional guests, etc.):**

**Hotel reservations will be made at the Headquarter Hotel/Meeting Location:**

**Red Rock Casino, Resort & Spa  
11011 W. Charleston Blvd.  
Las Vegas, NV 89135**

*Please return completed form by e-mailing it to [education@asccp.org](mailto:education@asccp.org) or by faxing it to 240-575-9880*