

**2017 Arizona In-State Government Travel Preferred Hotel Program
Enrollment Form**

General Hotel Information

Property Name: _____

Property Address: _____

City: _____ State: Arizona Zip Code: _____

Phone Number: _____ Fax Number: _____

Reservation Phone Number: _____ Website: _____

Property Contact/Title: _____ Email Address: _____

Is lodging facility Full or Limited Service? (F or L) _____ Is Lodging facility Extended Stay? Yes No

Which of the following market tiers classifies the hotel (Smith Travel Research market tiers): L=Luxury, U=Upscale, M=Moderate, E=Economy? _____

AAA Diamond Rating 1 2 3 4 5 NA

Mobil Star Rating 1 2 3 4 5 NA

Year Property was built: _____ Year of last completed guest room renovation: _____

Total number of rooms/suites: _____ Total number of non-smoking rooms/suites: _____

Number of floors: _____ Sq. Ft. Meeting Space: _____

Interior or Exterior Corridor Rooms? _____

Name of the property's management company: _____

Name of the property's ownership company: _____

Property location (D=Downtown, A=Airport, S=Suburb, R=Rural, T=Resort)? _____ (select only one)

Please provide a brief property overview: _____

Credit cards accepted:

American Express Diners Club Discover Master Card Visa Other _____

Seasons:

Indicate your "peak" and "non-peak" season(s). Please attach additional seasons as necessary.

Peak

Non-Peak

Lodging Per Diem Rate & Availability:

Specify the date/time period(s) that your property **is willing** to accept State Government Lodging at or below the State maximum allowable lodging rate. If your property is offering a rate lower than the Lodging per diem, indicate this under the "Rate" column otherwise leave blank. (Use date format MM/DD/YYYY; if it is a single date, use the same start and end date). Please attach additional start, end dates and rates as necessary.

Start Date	End Date	Rate
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Blackout Dates:

Specify the date/time period(s) that your property will **not** accept State Government Lodging per diem rates. (Use date format MM/DD/YYYY; if it is a single date, use the same start and end date). Please attach additional start and end dates as necessary.

Start Date	End Date
_____	_____
_____	_____
_____	_____
_____	_____

Facilities & Services:

Are the following facilities and services available on property? Please include hours of operation along with any additional fees if applicable.

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Restaurant – Hrs. of operation:	<input type="checkbox"/>	<input type="checkbox"/>	Indoor pool – Available from/to:
<input type="checkbox"/>	<input type="checkbox"/>	Cocktail lounge/bar – Hrs. of operation:	<input type="checkbox"/>	<input type="checkbox"/>	Outdoor pool – Available from/to:
<input type="checkbox"/>	<input type="checkbox"/>	Room service – Hrs. of operation:	<input type="checkbox"/>	<input type="checkbox"/>	Whirlpool
<input type="checkbox"/>	<input type="checkbox"/>	Evening reception	<input type="checkbox"/>	<input type="checkbox"/>	Sauna
<input type="checkbox"/>	<input type="checkbox"/>	Gift shop/newsstand	<input type="checkbox"/>	<input type="checkbox"/>	Airport transportation
<input type="checkbox"/>	<input type="checkbox"/>	Automated teller machine (ATM or cash machine)	<input type="checkbox"/>	<input type="checkbox"/>	Parking
<input type="checkbox"/>	<input type="checkbox"/>	Fitness Center – Available from/to:	<input type="checkbox"/>	<input type="checkbox"/>	Safety deposit box – Fee _____
<input type="checkbox"/>	<input type="checkbox"/>	Concierge services	<input type="checkbox"/>	<input type="checkbox"/>	Maid Service – Fee _____
<input type="checkbox"/>	<input type="checkbox"/>	Business center	<input type="checkbox"/>	<input type="checkbox"/>	Laundry/dry cleaning services

Guest Room Amenities:

Are the following amenities available or included in a standard guest room? Please include any additional fees if applicable.

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Iron/ironing board	<input type="checkbox"/>	<input type="checkbox"/>	Mini refrigerator
<input type="checkbox"/>	<input type="checkbox"/>	Hairdryer	<input type="checkbox"/>	<input type="checkbox"/>	Microwave
<input type="checkbox"/>	<input type="checkbox"/>	Alarm Clock	<input type="checkbox"/>	<input type="checkbox"/>	Coffee/tea maker
<input type="checkbox"/>	<input type="checkbox"/>	TV Cable/satellite	<input type="checkbox"/>	<input type="checkbox"/>	Mini bar
<input type="checkbox"/>	<input type="checkbox"/>	In-room movies – Fee _____	<input type="checkbox"/>	<input type="checkbox"/>	Work desk

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Complimentary breakfast Contains meat and/or eggs <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	On-site/off-site parking – Fee _____
<input type="checkbox"/>	<input type="checkbox"/>	Air-conditioning	<input type="checkbox"/>	<input type="checkbox"/>	In-room safe – Fee _____
<input type="checkbox"/>	<input type="checkbox"/>	Heating	<input type="checkbox"/>	<input type="checkbox"/>	Private bath
<input type="checkbox"/>	<input type="checkbox"/>	Phone – Local call fee _____	<input type="checkbox"/>	<input type="checkbox"/>	Voicemail
<input type="checkbox"/>	<input type="checkbox"/>	High speed Internet access – Fee _____	<input type="checkbox"/>	<input type="checkbox"/>	Wireless Internet access – Fee _____

Extended Stay Amenities:

Are the following extended stay amenities available or included in a standard guest room?

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Stove	<input type="checkbox"/>	<input type="checkbox"/>	Full size refrigerator
<input type="checkbox"/>	<input type="checkbox"/>	Plates, glassware, silverware	<input type="checkbox"/>	<input type="checkbox"/>	Conventional oven
<input type="checkbox"/>	<input type="checkbox"/>	Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	Pots, pans, serving dishes
<input type="checkbox"/>	<input type="checkbox"/>	Toaster	<input type="checkbox"/>	<input type="checkbox"/>	Garbage disposal

Additional Services & Guest Room Amenities:

Please indicate any additional services and guest room amenities along with associated fee (if any).

Americans with Disabilities Act (ADA):

Is your property accessible?

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Does your property meet ADA requirements?
<input type="checkbox"/>	<input type="checkbox"/>	Does your lodging establishment have handicap/accessible parking?
		Total number of accessible rooms?

“Walk”/Oversold Policy:

In the event that your hotel is oversold, please indicate how the property will respond for a confirmed reservation:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Property will arrange accommodations at a comparable hotel
<input type="checkbox"/>	<input type="checkbox"/>	Property will pay for one night room and tax at a comparable hotel
<input type="checkbox"/>	<input type="checkbox"/>	Traveler will be provided with free transportation to new hotel
<input type="checkbox"/>	<input type="checkbox"/>	Traveler will be reimbursed for at least one phone call to home or office

Please return all completed documents to the Arizona Lodging & Tourism Association. Questions, contact Alex McAlister, at (602) 604-0729 or (800) 707-3921.

By fax: (602) 604-0769

By email: amcalister@azlta.com