

HOTEL INFORMATION FOR ACCREDITATION EVALUATORS

Dear Program Director:

In the on-site preparation email you were asked to make hotel reservations for the evaluators. Using your institution's credit card, please reserve rooms **in the names of the Team Chair and Co-Evaluator**. Upon arrival, the team will replace the institution's credit card with an alternate payment method. **PROGRAMS SHOULD NOT PAY FOR ROOMS.**

Complete the sections below and e-mail this form to the evaluators and the accreditation department (accred@aota.org).

Due to the volume of on-sites, the forms **are due 3 months prior to your visit.**

PROGRAM NAME: _____

ON-SITE DATES: _____

ROOM CHOICE: **A Single Room for Each Evaluator**

HOTEL NAME: _____

HOTEL ADDRESS: _____

HOTEL PHONE: _____

HOTEL E-MAIL ADDRESS (if available): _____

ROOM COST: \$_____/Night PLUS _____ % Tax

TEAM CHAIR: _____

ARRIVAL DATE: _____ **DEPARTURE DATE:** _____

CONFIRMATION NUMBER: _____

CO-EVALUATOR: _____

ARRIVAL DATE: _____ **DEPARTURE DATE:** _____

CONFIRMATION NUMBER: _____

Additional hotel reservations may occasionally be necessary for programs with multiple locations or special circumstances.

Additional On-site Team Member: _____
(If applicable)

ARRIVAL DATE: _____ **DEPARTURE DATE:** _____

CONFIRMATION NUMBER: _____