NIGHTCLUB&BAR

Hotel Information	Distance to Conventi	on Center	Room Types and Rates		
Aria Resort & Casino	† (2.05)	Deluxe Room			
3730 Las Vegas Blvd South			Sat		
			Sun \$145.00		
			Mon-Wed		
			Thu		
Encore at Wynn Las Vegas	† (0.56)	Resort Suite Gues	Guest Room		
3131 South Las Vegas Blvd			Fri/Sat \$289.00		
			Sun-Thu \$229.00		
			**Optional Daily Resort Fee of \$39.50		
The Palms Casino Resort	† (2.57)	Ivory Tower Premi	r Premier Guestroom		
4321 West Flamingo Rd			Fri-Thu \$109.00		
			**Daily Resort Fee of \$20.00		
SLS Las Vegas Hotel & Casino	† (0.73)	World Superior Ki	perior King or Double/Double		
2535 Las Vegas Blvd South			Fri/Sat \$149.00		
			Sun-Thu\$109.00 **Daily Resort Fee of \$15.00		
SpringHill Suites Las Vegas	† (0.18)	Run of House			
2989 Paradise Rd.	. ,		Fri-Thu		
The D Las Vegas	† (2.65)	Run of House			
301 Fremont St.	(2.00)	itali oi mouco	Fri/Sat \$109.00		
			Sun-Thu \$29.00		
			**Daily Resort Fee of \$20.00		
Vdara	† (2.07)	Studio Suite			
2600 West Harmon Ave	• (Fri/Sat \$185.00		
			Sun \$135.00		
			Mon/Tue \$155.00		
			Wed/Thu		
Westgate Las Vegas Resort & Casino	† (0.31)	Premium Room			
3000 Paradise Road	u (* - /		Fri-Thu		



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Travel Dates: 3/24/17-4/01/17

Par Avion Meetings & Conventions can assist with Air Reservations – please call 800-826-4353

NIGHTCLUB&BAR

CONVENTION / TRADE SHOW

		your reservat		53 Toll Free 22 Local	(310) 649-3554		Meetings and Cor Blvd Ste. 440, Law			
Contact Information				Hotel Preference						
Name:					1 st Choice					
Company Name:				2 nd Choice						
Address:					3 rd Choice					
City:State:										
Zip/Postal Code:					Guest Type					
Phone:					☐ Attendee ☐ Exhibitor					
Fax:					Special Requests ADA Accessibility					
Email:										
Individual G	uest Booking									
Guest Name:					□ Nonsmoking □ Smoking					
Arrival Date: Departure Date:					Bed Type : ☐ King (max 2 guests) ☐ Double (2 Beds)					
2 nd Guest Name: 3 rd Guest Name:										
Indicate the	• • •		•	ired per night.		ive rooms pleas	se contact our re	eservation		
Bed Type	Thu, Mar 23	Fri, Mar 24	Sat, Mar 25	Sun, Mar 26		Tue, Mar 28	Wed, Mar 29	Thu, Mar 30		
check arrives	s. Check must b 2016. Room ra	e received by Fe	ebruary 2, 2016.	First night's roc	m and tax depos	sit will be charge	ormation must bed to credit card o	n file on or after		
Card Type: ☐ American Express ☐ Diners Club ☐ Discover ☐ Expira Name on Card: ☐ Signa				☐ MasterCard ☐ Visa ration Date:						
Name on Ca	rd:			Signat	ure:					
							ravel program spor re not responsible			

expenses or inconvenience caused by late train or plane arrivals or departures, or by any change of schedule condition from any loss, injury or damage to any person or property from any cause whatsoever. Baggage handling throughout the program is entirely at the owner's risk. The customer agrees that Questex

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