

## **HOTEL INFORMATION**

### **Hampton Inn & Suites**

Atlanta Downtown  
161 Spring Street, NW  
Atlanta, GA 30303  
404-589-1111 Phone  
404-589-9094 Fax  
[www.hamptonssuitesatlanta.com](http://www.hamptonssuitesatlanta.com)

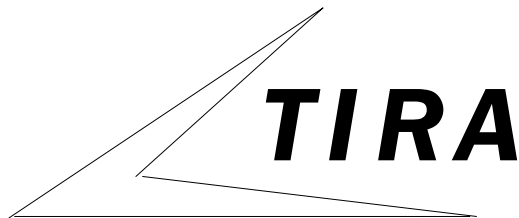
## **BOOK YOUR HOTEL AT THE HAMPTON INN & SUITES**

The Hampton Inn & Suites is located in the center of downtown Atlanta across from the Marriot Downtown Hotel and the Westin Hotel. The Hampton Inn and Suites will reserve rooms for you at a **special DIABCO Group Block rate of \$159.00** per night **until September 1<sup>st</sup>**. The **group code is DCO**. Please contact **James Merriett at 404-604-3766** or email to [JMerriett@cooperhotels.com](mailto:JMerriett@cooperhotels.com) as soon as possible to make sure you get a room.

## **Other Hotel Reservation Options**

Attached you will find a hotel list that enables you to pick a hotel of your choice. The list is provided by TIRA INTERNATIONAL and offers you special discounts. You can also use these discounts for your Medtrade reservations as well. Contact person is **Evelyn Bertrand**; phone **905-607-1515**, fax 905-607-3888, [www.evelyn@tirainternational.com](http://www.evelyn@tirainternational.com). Evelyn will help you with all your needs.

Omni Downtown	US \$ 249.00	(requires \$ 30.00 deposit)
Country Inn & Suites Downtown	US \$ 129.00	(requires \$ 30.00 deposit)
Sheraton Atlanta (limited)	US \$ 159-179.00	(requires \$ 30.00 deposit)
Red Roof Inn	US \$ 99.00	(requires \$ 30.00 deposit)
Hyatt Regency Downtown (4 blocks)	US \$ 219.00	(requires \$ 40.00 deposit)
Super 8 Downtown Atlanta	US \$ 89.00	(requires \$ 40.00 deposit)
Renaissance Atlanta	US \$ 169.00	
Hilton Downtown	US \$ 167.00	(requires \$ 40.00 deposit)
Quality Hotel Downtown	US \$ 109.00	(requires \$ 30.00 deposit)
Residence Inn by Marriott (suite)	US \$ 181.00	(requires \$ 30.00 deposit)
Castleberry Inn Downtown	US \$ 99.00	(requires \$ 30.00 deposit)
Stratford Inn Midtown	US \$ 69.00	(requires \$ 30.00 deposit)



## **TIRA Hotel Reservation Form**

CONTACT NAME \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

\*\*CREDIT CARD: \_\_\_\_\_ Exp \_\_\_\_\_ Sec. Code \_\_\_\_\_

CARDHOLDER.NAME: \_\_\_\_\_

CARDHOLDER ADDRESS REQUIRED \_\_\_\_\_

PHONE: \_\_\_\_\_ Ext. \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**HOTEL SELECTION** 1<sup>st</sup>: \_\_\_\_\_ Rate: \_\_\_\_\_

2<sup>nd</sup>: \_\_\_\_\_ Rate: \_\_\_\_\_

3<sup>rd</sup>: \_\_\_\_\_ Rate: \_\_\_\_\_

Occupant Name	Check-In	Check-Out	King	Doubles	Smoking	# of rooms

**SPECIAL REQUIREMENTS/REQUESTS:**

\_\_\_\_\_

**This form is to indicate preference only and submission does not guarantee confirmation.**

**Notification of confirmed details will be faxed/emailed by Tira within 3 business days of receipt.**

**Please send via fax or email to: Fax:(908) 509 0750 \ (877) 607 5422 or [reservation@grouptira.com](mailto:reservation@grouptira.com)**