



**PSATS 2022 ANNUAL CONFERENCE  
DISABILITY LODGING REQUEST FORM**



*This form must be received by PSATS before February 1, 2022!*

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

Township/County: \_\_\_\_\_

Email address (for confirmation): \_\_\_\_\_

I request consideration for disability lodging at the Hershey Lodge. I understand this request will only be granted as space is available but ***may result in other attendees from my township being at a different hotel.***

**Reason for consideration** *(please attach any applicable doctor's notes):*

\_\_\_\_\_  
\_\_\_\_\_

**Room Type** (check one):     No Preference     1 King Bed     2 Queen Beds  
*(recommended)*

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

**Wheelchair accessible room needed?**     Yes /  No  
*Since "Wheelchair accessible" rooms are limited, please request one only if needed to accommodate a wheelchair.*

**Shower/Tub grab bar room needed?**     Yes /  No  
*Since "Shower/Tub grab bar" rooms are limited, please request one only if needed.*

**Shower chair needed?**     Yes /  No

**Other special room needs?** \_\_\_\_\_  
*All special needs noted will be passed on to the Hershey Lodge for assignment.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***Over ...***

On-line registration: If you are registering for the conference on-line, this form must be completed in full **and received by PSATS before February 1, 2022, for consideration**. This form may be mailed to PSATS, 4855 Woodland Drive, Enola, PA, 1725; faxed to (717) 763-9732; or scanned and emailed to [conference@psats.org](mailto:conference@psats.org).

Paper registration: If you are registering for the conference using the paper registration form, this form must be completed in full, attached to your paper Conference Registration Form, **and received by PSATS before February 1, 2022, for consideration**. Both these forms may be mailed to PSATS, 4855 Woodland Drive, Enola, PA, 1725; faxed to (717) 763-9732; or scanned and emailed to [conference@psats.org](mailto:conference@psats.org).

***CREDIT CARD INFORMATION BELOW IS REQUIRED! THIS WILL GUARANTEE YOUR HOTEL RESERVATION. HOWEVER, NOTHING WILL BE CHARGED TO THE CREDIT CARD AT THIS TIME.***

Name on Card: \_\_\_\_\_

Credit Card Type (circle one):    VISA    MASTERCARD    DISCOVER

Credit Card Number: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_                      Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

###