Exec Director Approval:_____ Date:_____

PSATS 2026 EDUCATIONAL CONFERENCE & EXHIBIT SHOW
ACCESSIBILITY LODGING REQUEST FORM

🏨 Hershey Lodge Accessibility Request Details

- **Contact Email:** conference@psats.org
- **Availability:** Limited number of rooms; **first-come, first-served.**
- **Nightly Rates:** Between **$213 and $217.**
- **Taxes:** Additional **11%** (state and local occupancy tax, subject to change)

⚠️ Important Notes

- This form must be received by PSATS **before February 13, 2026.**
- **All fields are required.** Incomplete requests **will not be reviewed or accepted.**
- **Room Limit:** A maximum of **one hotel room** per application.
- Must be **registered** for the 2026 Educational Conference & Exhibit Show.
- A **Persons with Disabilities Parking Placard** or **medical documentation** must be provided with this form for this request to be considered.
- **2026 Reservation Policies at Hershey Properties:**
  - RESERVATIONS: Individuals may cancel their reservation until 3 p.m. on April 3, 2026, without penalty. Cancellations occurring after 3 p.m. on April 3, 2026, or failure to check-in (no-shows) will result in the individual being charged the entire booking by the Lodge reservations team.
  - CANCELLATIONS: Any cancellation occurring after 3 p.m. on April 3, 2026, will be charged the entire length of stay and tax to the individual's credit card on file.

📝 Hershey Lodge Accessibility Request Form – Primary Contact

PSATS ID#: _____

Name: _____

Township/County or Organization: _____

Mailing Address: _____

Email Address: _____

Cell Phone Number: _____

Arrival Date: 04/ _____ / 2026

Departure Date: 04 / _____ / 2026

🛏️ Overnight Guest(s) Information

(If different from primary contact)

Guest Name(s): _____

Guest Email(s): _____

Guest Cell Phone Number(s): _____

Arrival Date: 04/ _____ / 2026

Departure Date: 04 / _____ / 2026

Over →

🏨 Hershey Lodge Room Type Preference

(Please select one option. Selection is not guaranteed and is subject to availability.)

☐ Roll-in Shower
☐ ADA Tub

Other special room needs? _____

All special needs noted will be passed on to the Hershey Lodge for assignment.

I would like to request consideration for an accessibility reservation at the Hershey Lodge for the 2026 Educational Conference & Exhibit Show. I understand that this request does not guarantee a reservation and will only be granted as space permits.

I also acknowledge that approval of this request may result in other attendees from my township being placed at a different hotel. I understand that I must be registered for the 2026 Educational Conference & Exhibit Show for this request to be considered.

_____ _____

Signature of Attendee Date

💳 Credit Card Information

(REQUIRED TO GUARANTEE THE RESERVATION – There will be no charge to the card at this time.)

Cardholder Name: _____
Card Type (Visa, MC, Discover, AMEX): _____
Card Number: _____
Expiration Date (MM/YY): _____
Security Code (CVV): _____
Billing Address: _____
City/State/ZIP: _____

This form may be mailed to PSATS, 4855 Woodland Drive, Enola, PA 17025; faxed to (717) 763-9732: or email to conference@psats.org