

Group Housing Request Form

1. Main Contact Information

CONTACT NAME:					
COMPANY/ORGANIZATION:					
ADDRESS:					
CITY:		STATE:		ZIP:	
COUNTRY:					
PHONE:		FAX			
EMAIL:					

2. Room Requirements (quantity needed each night)

For more information on the hotels, please click [HERE](#). ObesityWeek® will review the group requests and rooms will be assigned based on availability at the time your request is received. Confirmation will be sent to the Group Contact on the form within 7 business days. Rates are subject to the current tax of 6% State Tax, 12% occupancy tax, and \$18.00/night Resort Fee. Please note that the tax rate is subject to change.

DAY	Group Rate	Thurs	Fri	Sat	Sun	Mon	Tue
HOTEL/DATE	Single/ Double Occupancy	11/12	11/13	11/14	11/15	11/16	11/17
Gaylord National Resort and Convention Center (Headquarters Hotel)	USD 245 + tax + resort fee = 308.18/night						

3. Attrition Policy (Financial Penalty)

A large number of reserved rooms held by organizations sometimes go unused. ObesityWeek® will be financially penalized for not utilizing committed sleeping rooms. To reduce this expense and ensure that rooms are reserved for individuals who will use them, ObesityWeek® requires all organizations to adhere to the established deadline and be financially responsible for rooms that are set aside for them.

All rooms must be assigned (individual name and check-in-out dates) by 11:59 PM ET, Tuesday, September 22, 2026. **No TBD reservations are allowed after 11:59 PM ET, Tuesday, September 22, 2026.** All unfilled rooms will be released back to general sales.



4. Cancellation Policy

Any cancellations or changes must be emailed to obesityweek@showcare.com by **11:59 PM ET, Tuesday, October 20, 2026**. No cancellations or changes will be made between **Wednesday, October 21, 2026**, and **Friday, October 23, 2026**, because that is when reservation information is being prepared and transferred to the hotels. Once transferred, you will receive a confirmation email directly from the hotel. Cancellations or changes from Saturday, October 24, 2026, onward, must be made directly with the hotels AFTER you receive your confirmation email from the hotel. Change requests will be made on a space-available basis.

ObesityWeek® is not responsible for no-shows or early departure fees charged by the hotels or rooms resold due to non-arrival.

ObesityWeek® takes no responsibility should a room preference not be available at check-in. Please visit the hotels' websites for check-in and check-out times.

5. Housing Information & Important Dates

The Group Contact indicated in section 1 of this form will receive a confirmation regarding their room block.

All hotel guests will be required to present the credit card on file or supply a valid credit card of their own at check-in. If your group requires guests to use the card on the Master account but will not be able to present it at check-in, a method of payment will need to be arranged directly with the hotel once the reservations have been transferred to the hotel. Showcare can assist in this process to connect the Group Contact with the hotel representative.

Important Dates

- Group Housing Request Deadline: 5 PM ET, September 15, 2026
- Room Release Deadline: 11:59 PM ET, September 22, 2026
- Rooming List Deadline: 11:59 PM ET, September 22, 2026
- Group Master Account Set up Deadline: 5 PM ET, October 27, 2026

6. Rooming List Information

Complete rooming lists **MUST** be submitted to the Hotel Manager at obesityweek@showcare.com **on or before 11:59 PM ET, Tuesday, September 22, 2026 – NO EXCEPTIONS**. Attendees must be registered for ObesityWeek® 2026 for the reservation to be made. Rooms cannot be held without names after **11:59 PM ET, Tuesday, September 22, 2026**.

TBD names will not be accepted after September 22, and unfilled rooms will be released.

Housing Confirmation emails will be sent by the hotel with the hotel confirmation number approximately 2 weeks prior to arrival. If your attendees do not receive it, please ask them to check their spam folder before contacting the hotel.



7. Reservation Method (Online or Rooming List)

Please indicate how reservations will be made. **Each reservation must have a unique ACCURATE attendee email address so the hotel can send the confirmation email, and attendees can claim CME credit.**

_____ The Group Contact will make the reservations online for each attendee using the Group Code that will be provided with their block.

_____ Each attendee will make their own reservation using the Group Code that will be provided for their block.

_____ A complete rooming list in Excel format - this must follow the room block commitment pattern (including the maximum number of rooms on peak, room types, and check-in / check-out patterns) and must include the following information for each reservation.

- First and last name of all guests in each room
- Guest's email address
- Check-in and check-out dates
- Number of guests per room
- Number of beds required
- Special requests (i.e., late arrival, wheelchair accessible, etc.)

8. Reservation Guarantee

A credit card is required to hold the rooms and will be used as a guarantee for this block. The card must have an expiration date **on or after April 2027**.

If you indicate below that individuals will pay on own, your attendees must re-access their registration file and provide their own credit card information **on or before 11:59 PM ET, Tuesday, October 20, 2026**. Instructions on how to do so will be provided. If your attendees do not update their reservations with their credit cards, the credit card provided to guarantee the rooms may be charged a one-night room and tax deposit for each room held by the hotel, and cancellations or no-shows will be billed to the credit card on file.

Please indicate the method of payment:

_____ Guarantee only (Individual pays own). (Group must set up a master account with hotel to guarantee the reservations, but individuals will be required to provide a credit card at check-in)

_____ Room and tax to the credit card on file (Group must set up a master account with the hotel)

_____ All charges to the credit card on file (Group must set up a master account with the hotel)

_____ Other (please specify):



Credit Card Information

Name on Credit Card

Credit Card Number

Expiration Date (April 2027 or after)

_____ (initials here)

CVV Code

By initialing the above, I agree to the above statement.

9. Sign Form

All rooms must be confirmed with a guest name **on or before 11:59 PM ET, Tuesday, September 22, 2026**. By signing this form, you and your organization are accepting financial responsibility for the entire room block indicated in the grid above and understand that charges for the room block will be based on the method of payment made herein.

Contact Name: _____ Phone: _____

Company Name: _____

Signature: _____ Date: _____

**Please upload the completed form [HERE](#)
Do **NOT** email the completed form back to the Groups Manager**