



MAIL/FAX RESERVATION FORM

First name _____
 Last name _____
 Organization or company name _____
 Address line 1 _____
 Address line 2 _____
 City _____
 State/Province _____ Zip/Mailcode _____
 Country _____
 E-mail _____ Telephone _____ Fax _____
 How should we confirm this reservation request? E-mail Fax

ROOM REQUEST

Please use a separate form for each room you need to reserve. If you need one room for 1 to 4 persons, use one form and list the occupants' names below.

Room Rates and Reservation Policies

<p>I request the Conference Rate: SINGLE/DOUBLE: \$135 <input type="checkbox"/> TRIPLE/QUAD: \$165 <input type="checkbox"/></p> <p>I request the Government Rate: SINGLE: \$75 <input type="checkbox"/> DOUBLE: \$110 <input type="checkbox"/> TRIPLE: \$125 <input type="checkbox"/> QUAD: \$150 <input type="checkbox"/></p> <p>If you are booking a government rate room, appropriate government ID or Travel Orders will be required on check in.</p> <p>Regency Club accommodations are available for an additional \$35 per room, per night.</p>	<p>Room rates are quoted exclusive of applicable state and local taxes (<i>currently 5.75%</i>) or applicable service, or hotel specific fees (<i>currently 10.00%</i>) in effect at the hotel at the time of the meeting. Any reservation not guaranteed to the hotel will not be held beyond 3:00 PM CST on the day prior to arrival. Should a reservation not be cancelled by 3:00 PM CST on the day prior to the scheduled arrival date, a no-show fee in the amount of one night's room and tax will be charged to your credit card.</p> <p>My Gold Passport # is _____</p>
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Arrival		Departure date	Name(s) of Occupant(s) in addition to yourself
Date	Time		

Bedding Type Preference: King Double Smoking Preference: Smoking Nonsmoking
 Special Requests _____

Please use the following card to guarantee the above reservation.

Type of Card	American Express <input type="checkbox"/>	Carte Blanche <input type="checkbox"/>	Diners Club <input type="checkbox"/>	Discover Card <input type="checkbox"/>
	Japan Credit Bureau <input type="checkbox"/>	MasterCard <input type="checkbox"/>	Visa <input type="checkbox"/>	
Card number	_____			
Cardholder's Name as it appears on the card	_____			
Billing Address as it appears on the statement	_____			
Cardholder's Signature	_____	Expiration Date	_____	
	_____	Today's Date	_____	

PLEASE FAX THIS COMPLETED FORM by
April 24, 2003, 5:00 PM CST (10:00 PM GMT)
TO: (1-614) 469-9664