ATTENDEE HOTEL RESERVATIONS

2009 AARC INTERNATIONAL RESPIRATORY CONGRESS

RESERVATION DEADLINE FOR AARC CONVENTION RATES: NOVEMBER 11.
After this date, AARC room blocks will be released and hotels may charge higher rates.

RESERVATION WILL NOT BE PROCESSED IF FORM IS INCOMPLETE. Telephone requests are not accepted. Keep a copy of form for your records. DO NOT MAIL AFTER FAXING. Acknowledgements are emailed, mailed or faxed only to the email provided or name listed in field #8. Photocopy this form if you need more than one room.

1. SELECT FOUR HOTELS: Rooms are assigned first come/first served. If choices are not available, a room will be secured at a convention hotel based on your preference of rate or proximity, and availability. Use the three letter hotel code only, not numbers. See the Map/Rates/Instructions on page 56 or www.aarc.org/education/meetings/congress_09/advance_program/travel.cfm for codes.

1st Choice [ ][ ][ ] 2nd Choice [ ][ ][ ] 3rd Choice [ ][ ][ ] 4th Choice [ ][ ][ ]

If hotel choices are sold out, which is more important? ☐ Room Rate ☐ Location

2. ARRIVAL: DATE:_____TIME:_____am pm **3. DEPARTURE:** DATE:_____TIME:_____am pm
(Requests for more than two days pre-/post-convention may not be available through the housing department. Acknowledgment will advise you to call the hotel direct for additional nights (not always available at convention rates).

4. CHECK APPROPRIATE BOX: ☐ ONE BED ☐ TWO BEDS
SUITE requests must be submitted in writing to the AARC Housing Bureau via e-mail at housing@visitsanantonio.com, or fax to 210-207-6702. Suites are subject to availability.

5. The Housing Bureau will request room type, hotel will confirm if available. TOTAL PEOPLE IN ROOM:_____

6. ROOM GUARANTEE: All rooms must be guaranteed with a credit valid through December 2009 or a check for $150 per room and payable to AARC Housing Bureau.

_____ _____ _____ _____
Type of card (i.e. AE, MC, VS, DC) Credit Card Number Expiration Date Name on Credit Card

7. LIST ALL OCCUPANTS, first name first: 1. _____ 2. _____
3. _____ 4. _____

8. SEND ACKNOWLEDGEMENT TO:

FIRST NAME MI LAST NAME

AFFILIATION/COMPANY

STREET ADDRESS OR P.O. BOX NUMBER

CITY STATE COUNTRY ZIP CODE

DAYTIME PHONE NUMBER

FAX NUMBER (If International, indicate Country/City Code)

9. EMAIL ADDRESS:_____

10. SPECIAL REQUESTS: ☐ SMOKING ☐ NON-SMOKING ☐ Check here for disability

List special or other needs:_____