

2000 ASIC/SOC CONFERENCE

Please type or print clearly. Use one form for each room request. Photocopy additional forms if necessary.

HOTEL RESERVATION FORM

Name _____

Organization _____

Address _____

City/State/Zip/Country _____

Telephone _____

Fax _____

Special Requests _____

RATES

Single \$149

Double \$159

Arrival Date: _____

Departure Date: _____

Hotel Reservations must be received by Friday, August 18. Rate and room subject to availability. A first night's credit card deposit must accompany this Hotel Reservation Form. The hotel will send a confirmation to you. It is the responsibility of each participant to make changes or cancellations 48 hours prior to arrival. No refunds will be given by the hotel for cancellations with less than 48 hours notification.

Reservations must be guaranteed by a credit card. Please complete the following: Credit card type: _____

Card Number: _____ Exp. Date: _____

Signature: _____

DEADLINE FOR RESERVATIONS: AUGUST 18, 2000

RETURN TO:

Hyatt Regency Crystal City at
Reagan National Airport
7799 Jefferson Davis Highway
Arlington, VA 22202

Reservations: 1-703-418-1234 or 1-800-233-1234

Fax: 1-703-413-6727