Delegate Hotel Reservation Form

RESERVATION DEADLINE: FEBRUARY 16, 2005
CANCELLATION DEADLINE: MARCH 11, 2005

Please read the complete Hotel Accommodations section of the Preliminary Program before completing this form. Do not complete this form if you have made your reservations online or by telephone.

American Academy of Allergy, Asthma & Immunology

61st Annual Meeting

March 18-22, 2005 • San Antonio

① **INFORMATION AND INSTRUCTIONS:** There are four ways to reserve your hotel room:
1. Online at www.annualmeeting.aaaai.org
2. By Telephone: Within the United States (888) 869-0189, Outside of the United States (415) 979-2277
3. By Fax: Send completed form to: (415) 979-2249
4. By Mail: Send completed form to: AAAAI Housing
c/o Convention Management Resources
33 New Montgomery, Suite 1420
San Francisco, CA 94105

② **GUEST AND RESERVATION INFORMATION:** Please print and complete all information requested.

Last Name _____ First Name _____

Company Affiliation (If Applicable) _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Daytime Phone (include country & city codes) _____ Fax (include country & city codes) _____ E-mail _____

Arrival Date: _____ Departure Date: _____

Sharing Room with (list names): _____

Special Room Requests: ☐ Non-Smoking ☐ Smoking ☐ Wheelchair Accessible ☐ Other: _____

Indicate how you would like to receive your hotel confirmation: ☐ E-mail (as listed above) ☐ Fax (as listed above)

③ **HOTEL PREFERENCE:** Rooms will be assigned in order of receipt. If your first preference is unavailable, you will be assigned to the next available hotel on your list. If none of your preferred hotels are available, you will be assigned to an available hotel. Rank your first three preferred hotels and list your preferred room type (single - one bed or double - two beds) and accompanying rate for each of your ranked hotels. Refer to the Preliminary Program for more information about the hotels and their rates.

Preference	**Hotel**	**Room Type** (single/double)	**Rate**
1st			
2nd			
3rd			

• If my hotel choices are unavailable: ☐ I prefer to stay at the available hotel with the lowest rate. ☐ I prefer to stay at the closest available hotel to the headquarter hotels.

Suites: To reserve a suite, write suite in the room type category above. Include a number to indicate the appropriate number of attached bedrooms. (Example: Suite-2=2 bedroom suite.) If necessary, a housing representative will contact you for further details.

④ **DEPOSITS MUST ACCOMPANY THIS FORM:** A CREDIT CARD GUARANTEE OR CHECK DEPOSIT MUST ACCOMPANY THIS FORM: Each reservation must be guaranteed with either a credit card equal to the first night's room and tax or a check deposit of $250. Checks should be made payable to Convention Management Resources in U.S. funds drawn on a U.S. bank only. Refunds will be given only if cancellations are made on or before March 11, 2005.

Credit Card Number: | | | | | | | | | | | | | | | | Expiration Date: | | | – | | | Type: ☐ MC ☐ VISA ☐ AMEX

Cardholder's Name (Print) _____ Cardholder's Signature _____

⑤ **CHANGES AND CANCELLATIONS:** All changes or cancellations to delegate hotel reservations must be made no later than March 11, 2005. Contact CMR with all changes or cancellations to your hotel reservation. Do not contact the hotel or the AAAAI. Deposits will be refunded only for cancellations made with CMR by March 11. Changes will be made on a space-available basis only up until March 11. No changes or cancellations to any delegate reservation will be accepted after March 11. In addition, the 2005 Annual Meeting hotels may hold individuals responsible for all the reserved room nights as of the cancellation deadline. Individuals who cancel after this date, fail to arrive on the scheduled day, or depart early may be charged for each room night of their confirmed reservation, whether they actually utilized the room or not.

I understand and agree to these change and cancellation policies.

Signature _____ Date _____

AMERICAN ACADEMY OF ALLERGY ASTHMA & IMMUNOLOGY

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