

Each hotel is holding a block of rooms to be assigned through the CHI 2002 Housing Bureau at conference rates until Friday, 22 March 2002. Hotel guest rooms are assigned on a first-come, first-serve basis. Submit your room request on this form to qualify for the conference rate. Please use one form per room. Only one room may be requested under each name.

Make copies of this form for any additional rooms. Telephone requests will not be accepted. Room reservations can also be made online at: [www.pkghlrss.com/events/5542/5542.html](http://www.pkghlrss.com/events/5542/5542.html). After 22 March 2002, rooms and conference rates are based on availability.

**CONFIRM RESERVATION TO:** (Only one acknowledgement will be sent.)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Mr./Ms. \_\_\_\_\_

Company/Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Prov/State \_\_\_\_\_

Postal/Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

**HOTEL DATA**

Arrival Date \_\_\_\_\_ Departure Date \_\_\_\_\_

**Rates are subject to a 13% state and city room tax.**

1st Choice Hotel Name \_\_\_\_\_

2nd Choice Hotel Name \_\_\_\_\_

3rd Choice Hotel Name \_\_\_\_\_

If your choices are not available, you will be assigned to the next available hotel within your rate category.

**Room Type**

\_\_\_\_ Single \_\_\_\_\_ Double

\_\_\_\_ Triple \_\_\_\_\_ Quad

*(Maximum room occupancy is four (4) per city code.)*

Occupants *(List all occupants, and arrival and departure dates if different from above.)*

\_\_\_\_\_

\_\_\_\_\_

Special requirements: \_\_\_\_\_

\_\_\_\_\_

Preferences: \_\_\_\_\_ King Bed \_\_\_\_\_ 2 Double Beds \_\_\_\_\_ 

\_\_\_\_\_ Smoking or \_\_\_\_\_ Non-Smoking

*Allow one week for acknowledgement. If hotel assignment is not received by 22 March, please contact CHI Housing Bureau.*

**METHOD OF PAYMENT**

A US\$125 deposit is required for each room before a reservation may be processed. With your housing form, please include a major credit card number or a check, made payable to the GMCVA.

**Credit Card Guarantee**

American Express  MasterCard  Visa

Diners Club  Discover

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ / \_\_\_\_\_

Signature \_\_\_\_\_

Credit card charges will be processed at the US Dollar rate.

**MAIL TO:** CHI 2002 Housing Bureau  
33 South 6<sup>th</sup> Street, Suite 4000  
Minneapolis, Minnesota 55402 USA

**FAX TO:** +1 612 335 5842 *(Do not mail after faxing.)*

**VIA INTERNET:** [www.pkghlrss.com/events/5542/5542.html](http://www.pkghlrss.com/events/5542/5542.html)  
*(Do not mail and/or fax after submitting via internet.)*

**CHANGES/CANCELLATIONS:** Changes, cancellations or inquires should be sent via fax or mail to the CHI Housing Bureau. Early departures or changes after 22 March are subject to penalty fees set by the hotel. Credit cards will only be charged if cancelled within the penalty period. A charge of first night's room and tax will be applied and/or forfeited if you do not cancel or do not arrive (no-show). After 22 March, all cancellations will be charged a US\$25 Event Cancellation Processing Fee. All cancellations within 72 hours prior to day of arrival will forfeit their entire deposit.