



HOUSING RESERVATION FORM

DEADLINE DATE: February 10, 2010

39th Annual Meeting & Exhibition of the AADR • 34th Annual Meeting of the CADR
Walter E. Washington Convention Center

INSTRUCTIONS

- Reservations are processed on a first-come, first-served basis. For best availability and immediate confirmation, make your reservation via the Internet using the address below.
- Please read all hotel information prior to completing and submitting this form to the Housing Bureau. See pages 10-11 of the registration brochure for all details regarding room rates, hotel map, reservation changes and cancellations.
- Keep a copy of this form. Use one form per room and make additional copies if needed.
- All reservations are being coordinated by the AADR Housing Bureau and NOT with the hotels directly.

CHOOSE ONLY ONE OPTION

Internet: <https://resweb.passkey.com/go/AADR>
Fax: +1.202.789.7037
Mail: Destination DC
 AADR Annual Meeting
 Attn: Kristen Jacob
 901 7th Street, NW
 Washington, DC 20001, USA

GUEST INFORMATION

Last/Family Name _____ First Name _____
 Company _____
 Street Address _____
 City _____ State/Country _____ ZIP/Postal Code _____
 Telephone (Include all country/city codes) _____ Fax _____
 E-mail _____
 (Confirmation will be sent via e-mail if address is provided. A Fax or e-mail address is required.)

HOTEL INFORMATION

Arrival Date _____ Departure Date _____

NOTE: If you arrive at the hotel prior to 2 p.m. and require a room upon arrival, please book the room for the night prior; to guarantee availability.

Hotel Choices (see page 10-11 for hotel map and rates) 1. _____ 2. _____ 3. _____

If all three (3) requests are unavailable, please process this reservation according to: Check one: Room Rate Location

Type of Accommodation

of Beds (check one): 1 bed 2 beds 1-bedroom Suite 2-bedroom Suite
 # People (check one): 1 person 2 people 3 people 4 people

Preferences: Non-smoking Room Special Needs _____
 General Requests _____

NOTE: Special requests cannot be guaranteed; however, the hotels will do their best to honor all requests.

Name(s) of all Room Occupants Only registered guests will be provided with a room key.

1. _____ 2. _____ 3. _____

DEPOSIT INFORMATION

A deposit is required to guarantee this reservation.

Credit Card: American Express Discover MasterCard VISA

Account Number: _____ Exp Date _____ / _____ Card Security ID#/CVV2 _____
MONTH YEAR

Cardholder Name (print) _____ Cardholder's Signature _____

NOTE: Card will act as a late-arrival guarantee only, and no actual amount will be charged to your account.

Check Please make check payable for one night's deposit and mail to Destination DC/AADR Housing Bureau, 901 7th Street, NW, Washington, DC 20001, USA. All check deposits must be payable in US Dollars. No wire transfers will be accepted. This deposit will be deducted from your bill upon check-out.

HOUSING QUESTIONS?

Please contact the AADR Housing Bureau at Fax: +1.202.789.7037 or via e-mail, Kristen.Jacob@Destinationdc.com and be sure to mention "AADR" in your message for faster service.