



# HOTEL RESERVATION FORM

## American Crystallographic Association

### 2004 Annual Meeting

1. YOUR RESERVATION MUST BE GUARANTEED BY USING ONE OF THESE METHODS:
  - A. **GUARANTEED RESERVATION.** USE AMERICAN EXPRESS, CARTE BLANCHE, DINERS CLUB, VISA OR MASTERCARD.
  - B. **ADVANCE DEPOSIT.** ENCLOSE FIRST NIGHT'S DEPOSIT WHEN MAILING YOUR RESERVATION CARD. SHOULD IT BECOME NECESSARY TO CANCEL YOUR RESERVATION, PLEASE REQUEST A CANCELLATION NUMBER.
2. **ALL RATES ARE SUBJECT TO ILLINOIS AND CHICAGO OCCUPANCY OPERATORS AND ACCOMMODATION TAXES, WHICH ARE CURRENTLY 14.9%.**
3. USE THIS FORM ONLY IF YOU ARE UNABLE TO MAKE A RESERVATION VIA THE TELEPHONE OR INTERNET.
4. BE SURE TO MENTION THE ACA CONVENTION CODE "C-GACR" WHEN MAKING A RESERVATION OR YOU MAY NOT BE GIVEN THE CONFERENCE ROOM RATE.
5. **ANY CHANGES MADE TO THIS RESERVATION WITHIN 24 HOURS OF ARRIVAL DATE (INCLUDING EARLY DEPARTURE) ARE SUBJECT TO AN ADMINISTRATIVE FEE.**
6. **CHECK IN TIME IS 3:00 PM CHECK OUT TIME IS 12:00 NOON**  
(AFTER 12:00 NOON, ADDITIONAL CHARGES WILL APPLY.)
7. **RESERVATIONS MUST BE RECEIVED NO LATER THAN JUNE 15, 2004**
  - A. VIA FAX: 312-616-6838
  - B. VIA MAIL: ATTN: RESERVATIONS, 151 E WACKER DRIVE, CHICAGO, IL 60601
  - C. VIA TELEPHONE: 1-800-233-1234 OR 312-565-1234.

<b>GROUP NAME:</b> American Crystallographic Association		<b>DATES:</b> July 15-23, 2004		<b>CODE:</b> C-GACR		
<b>GUEST NAME</b> _____				<b>ARRIVAL DATE:</b> _____		
<b>COMPANY</b> _____				<b>Est. time of arrival</b> _____		
<b>STREET</b> _____				<b>DEPARTURE DATE:</b> _____		
<b>CITY, STATE, ZIP, COUNTRY</b> _____				<b>PHONE:</b> _____		
<b>ACCOMMODATIONS</b> <small>(please circle rate selection)</small>	<b>SINGLE</b> 1 king bed	<b>DOUBLE</b> 1 king bed	<b>DOUBLE</b> 2 dbl.beds	<b>TRIPLE</b> 2 dbl.beds	<b>QUAD</b> 2 dbl.beds	<b>SUITES</b> 1 bdr. or 2 bdr.
GUEST ROOM	\$140	\$140	\$140	\$160	\$160	call for rates
<small>These group rates are guaranteed if reservation is made prior to June 15, 2004. After that date, prices cannot be guaranteed. Rates do not include 14% taxes.</small>						
<b>Please indicate preference:</b> Smoking: <input type="checkbox"/> Non-smoking: <input type="checkbox"/> <b>Special requests:</b> _____						
<b>TO GUARANTEE RESERVATION:</b>						
<input type="checkbox"/> <b>CREDIT CARD TYPE:</b> AMERICAN EXPRESS, CARTE BLANCHE, DINERS CLUB, VISA OR MASTERCARD						
<b>CREDIT CARD NUMBER:</b> _____			<b>EXP.</b> _____			
<b>CARDHOLDER NAME:</b> _____			<b>CARDHOLDER SIGNATURE:</b> _____			
<input type="checkbox"/> <b>ADVANCE DEPOSIT:</b> Enclosed is a DEPOSIT in the amount of one night's rate.						