

OTC .05 EXHIBITOR HOUSING REQUEST

2-5 MAY 2005 • RELIANT CENTER • HOUSTON, TEXAS, USA

**DEADLINE:
4 APRIL 2005**

Book your housing reservation online at www.OTCnet.org/2005

Make your reservations online in real-time—no need to wait and wonder if your preferred hotel is available. You also can see hotel descriptions, photos, and location maps. And, if your work or travel plans change, you can even update or cancel your reservation online. It's easy and quick!

Registrant

<input type="text"/>												<input type="text"/>																							
LAST NAME (Family Name)												FIRST NAME (Forename)																							
<input type="text"/>																																			
COMPANY																																			
<input type="text"/>																																			
COMPANY P.O. BOX or MAILING ADDRESS																																			
<input type="text"/>												<input type="text"/>		<input type="text"/>																					
CITY/PROVINCE												STATE		ZIP/POSTAL CODE																					
<input type="text"/>												<input type="text"/>																							
COUNTRY												HOME TELEPHONE (Include area code and/or city code)																							
<input type="text"/>												<input type="text"/>																							
WORK TELEPHONE (Include area code and/or city code)												FACSIMILE (Include area code and/or city code)																							

WEB:
www.OTCnet.org/2005
(Credit card only)

FAX:
+1.330.963.0319
(Credit card only)

MAIL:
OTC.05
Housing Bureau
2451 Enterprise
Parkway East
Twinsburg, OH 44037

PHONE:
+1.888.860.9330 U.S.
+1.330.425.9330 Intl.

E-MAIL (Confirmations will be sent via e-mail)


Questions, Suite
Inquiries and other
requests:
OTC05@conferon.com

Hotel Preference

- Select FOUR hotels from the official OTC list and enter them (in order) BY NAME below.
- In the event none of your choices are available, every effort will be made to assign comparable housing on the basis of your first choice.

First Choice _____ Third Choice _____

Second Choice _____ Fourth Choice _____

 In accordance with the Americans with Disabilities Act, do you have any special needs?

Yes (ADA). I/we will require: _____

Occupant(s) Name (Print last name first.)	Check-In Date	Check-Out Date	Single	Double (2 people/1 bed)	Twin (2 people/2 beds)	Suite (indicate # of attached bedrooms)

Emergency Contact Name: _____ Telephone: _____
(Include area code and/or city code)

Special Requests: _____

Note: This form is to indicate preference only and submission does not guarantee confirmation.

RESERVATION CONFIRMATION: Notification of confirmed details will be emailed/faxed/mailed by Conferon within (3-5) business days after receipt. If confirmation has not arrived within 10 business days, please contact Conferon directly.

CHANGES/CANCELLATIONS: All changes should be made through Conferon at least 3 business days prior to arrival.

CANCELLATION POLICY: A one night's deposit of room and tax is required to guarantee reservations. Any cancellations must be received 72 hours prior to arrival. If hotel is not notified within 72 hours of the date of arrival, or if a no-show occurs, a cancellation/no show fee of one night room and tax will be charged.

The individual policies for each hotel must be adhered to strictly.

Payment Options

- American Express
- Visa
- MasterCard
- Diners Club
- Discover

CARD NUMBER

EXP. DATE

NAME AS APPEARS ON CARD

SIGNATURE

NO ONE UNDER 15 YEARS OF AGE WILL BE ADMITTED TO OTC.