



RESERVATION FAX FORM

**TO: Group Reservations Coordinator
Ms. MiJin Youn**

**FAX: (831) 899-1928
PHONE: (831) 393-1115**

**RE: IEEE Requirements Engineering Conference
Sat. Sept. 6, 2003 – Sat. Sept. 13, 2003**

This room block will release on **Friday, August 22, 2003**. After this date, suite types & group rates are subject to availability.

PLEASE ENTER THE FOLLOWING RESERVATION FOR:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Country _____
Telephone: (Day) _____ (Evening) _____
E-Mail: _____
Arrival Day & Date: _____ Departure Day & Date: _____
of Adults: _____ # of Children Under 13: _____

ACCOMMODATIONS REQUESTED:

_____ One Person / King Suite \$134.00
_____ Two Persons / King Suite \$134.00
_____ Two Persons / Two Double Beds \$134.00

_____ Non-Smoking _____ Smoking
_____ Please contact me regarding wheelchair accessible suites, assistive devices for the sight or hearing impaired, or other special needs.

Special Request: _____

I WILL GUARANTEE MY RESERVATION BY:

_____ DEPOSIT - First night's room & tax is due 30 days prior to arrival.
CREDIT CARD #: _____ Exp. Date: _____
Cardholder's Name: _____
Cardholder's Signature: _____

In the event that I do not arrive on the date indicated or fail to cancel 72 hours prior to my arrival, I understand that I am responsible for the first night's room & tax. _____ **Initial here.**

PLEASE FAX MY CONFIRMATION TO FAX #

CONFIRMATION # _____