

# Pediatric Academic Societies' Annual Meeting

May 2-5, 2009 Baltimore, MD

# Hotel Reservation Form

Attendee Form

## INSTRUCTIONS

Reservations accepted December 12, 2008 through April 23, 2009 by choosing one of the following methods.

### INTERNET:

Preferred Method

[www.pas-meeting.org](http://www.pas-meeting.org)

Available 24/7 and immediate confirmation provided.

### TELEPHONE:

Monday–Friday, 8:30am–5:30pm ET

800-282-6632 (toll free)

410-837-4636 (International)

### FAX:

Fax a completed form, one copy per room, to:

410-659-8398

**MAIL:** Send a completed form, one copy per room, to **BACVA/PAS Housing Bureau**, 100 Light Street, 12th Floor, Baltimore, MD 21202

**CONFIRMATIONS:** The PAS Call Center will send you a confirmation. Review the confirmation carefully. If you do not receive a confirmation within 14 days after sending a reservation request, please contact the call center at 800-282-6632.

**ROOM RATES/TAXES:** To take advantage of the special PAS convention rates, be sure to book your reservation by April 7, 2009. After this date official PAS blocks will be released and hotels may charge significantly higher rates.

All rates are per room, per night and are subject to a 13.5% tax (subject to change). Please provide room, bedding and special needs preferences. Hotels will assign specific room types at check-in, based on availability. Some hotels may charge additional fees for rooms with more than one occupant.

**DEPOSITS:** All hotels require a credit card guarantee or check deposit of US \$225. Requests received without a credit card guarantee or check deposit will be returned. Please fill out the credit card information entirely or mail a check payable to the BACVA/PAS Housing Bureau. *We are not able to accept wire transfers, money orders or supply invoices for hotel deposits.*

**CHANGES/CANCELLATIONS/REFUNDS:** Cancellations made after April 7 will be subject to a \$50.00 cancellation-processing fee. Changes and cancellations should be made through the PAS Call Center until 5:30pm ET on April 23, 2009. Cancellations made after that time will be subject to forfeiture of the entire \$225.00 deposit.

Only call your hotel directly for changes and cancellations after the call center closes at 5:30pm ET on April 23, 2009.

## Exhibitor Housing Statement

Exhibitors must secure housing using the PAS Exhibitor Housing Form on the PAS web site. **Exhibitors should not use this form.**

## HOTEL INFORMATION

PAS and Alliance organizations book out of a single block

ARRIVAL DATE: \_\_\_\_\_ DEPARTURE DATE: \_\_\_\_\_

**HOTEL SELECTION:** (List three choices in order of preference)

First: \_\_\_\_\_ Second: \_\_\_\_\_ Third: \_\_\_\_\_

Reservations will be processed on a first-come, first-served basis. If all three requested hotels are unavailable, please process this reservation according to:

\_\_\_\_ Comparable room rate      \_\_\_\_ Proximity to conference site

**ROOM TYPE:** (Requests are not guaranteed. Please fill out all below)

# of adults in room \_\_\_\_\_ # of beds \_\_\_\_\_ 1 Bedroom Suite \_\_\_\_\_ 2 Bedroom Suite \_\_\_\_\_

List All Room Occupants (If children, list names and ages)

\_\_\_\_\_  
\_\_\_\_\_

Non Smoking room requested \_\_\_\_\_ ADA Requests: Visual \_\_\_\_\_ Mobile \_\_\_\_\_ Audio \_\_\_\_\_

## SEND CONFIRMATION TO:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
If outside the USA, provide country & city codes along with the telephone numbers.

Company/Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City, ST, Province: \_\_\_\_\_

Zip/Postal Code, Country: \_\_\_\_\_

## DEPOSIT INFORMATION

All hotels require a credit card guarantee or check deposit of US \$225 with each reservation request. Requests received without a credit card guarantee or check deposit will be returned.

**CREDIT CARD:** American Express \_\_\_\_\_ Mastercard \_\_\_\_\_ Visa \_\_\_\_\_ Discover \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name of Card Holder \_\_\_\_\_

**CHECK ENCLOSED**

Made payable to BACVA/PAS. Separate checks required for each hotel. Applicable for Mail-in reservations only. No cash deposits accepted. Mail checks with attached housing form to:

**BACVA/PAS Housing Bureau**  
100 Light Street, 12th Floor  
Baltimore, MD 21202

**Do not send this form to PAS.** Send it to the BACVA/PAS Housing Bureau via Fax or Mail. Please use one form per room. Make copies as needed.