

INSTRUCTIONS

Reservations accepted December 14, 2009 through March 1, 2010 by choosing one of the following methods.

INTERNET:

Preferred Method

www.pas-meeting.org

Available 24/7 and immediate confirmation provided.

FAX: Fax a completed form to: 301-694-5124

MAIL: Send a completed form, one copy per room, to **2010 PAS Annual Meeting Housing Bureau**, PO Box 4088, Frederick, MD 21705

CONFIRMATIONS: The 2010 PAS Annual Meeting Housing Bureau 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 800-974-3084 (toll free) or 847-996-5876 (International).

ROOM RATES/TAXES: To take advantage of the special PAS convention rates, be sure to book your reservation by March 1, 2010. 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 16.5% 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.

GUARANTEE: All hotels require a credit card guarantee. Requests received without a credit card guarantee will be returned. Please fill out the credit card information entirely. PLEASE NOTE: Hotels may charge a one night's room and tax deposit upon receipt of your reservation from Experient approximately 30 days prior to arrival. If you need to pay by check, please make check payable to Experient/PAS Housing Bureau. We are not able to accept wire transfers, money orders or supply invoices for hotel deposits.

CHANGES/CANCELLATIONS: Cancellations made after Friday, April 2, 2010 at 5:00pm EST will be subject to a \$100 cancellation-processing fee. Changes and cancellations should be made through the 2010 PAS' Annual Meeting Housing Bureau until Thursday, April 15, 2010 at 5:00pm EST. Cancellations after Thursday, April 15, 2010 or failure to check-in on your expected arrival date will be subject to a \$100 cancellation-processing fee in addition to one night's room and tax being retained as a penalty by the hotel. Please contact the hotel directly after Thursday, April 15, 2010 for any reservation needs.

INQUIRIES ONLY:

Monday-Friday, 9:00am-6:00pm EST
 800-974-3084 (toll free)
 847-996-5876 (International)
pasexh@experient-inc.com (email)

Exhibitor Housing Statement

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

HOTEL INFORMATION Exhibitors book out of a single block

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

RESERVATION FOR LESS THAN 10 ROOMS: (Requests are not guaranteed. Please fill out all below). **RESERVATION FOR 10 OR MORE ROOMS:** Send requests to: debbica@aps-spr.org or fax: 281-419-0082.

List All Room Occupants (If children, list names and ages). Arrival & Departure date for each occupant MUST be included NEXT to room occupant. One room per line.

NAME	ARRIVAL DATE	DEPARTURE DATE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____

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 with each reservation request. Requests received without a credit card guarantee will be returned.

CREDIT CARD: American Express ____ Mastercard ____ Visa ____ Discover ____
 Card Number _____ Expiration Date _____
 Name of Card Holder _____

CHECK ENCLOSED
 Make payable to Experient/PAS Housing Bureau. Separate checks required for each hotel., Applicable for mail-in reservation only. **No cash deposits accepted. Mail checks with attached housing form to:**
 2010 PAS' Annual Meeting Housing Bureau
 PO Box 4088
 Frederick, MD 21705

Do not send this form to PAS. Send it to the 2010 PAS' Annual Meeting Housing Bureau via Fax or Mail. Make copies as needed.