

FAST FACTS HOTEL CHART

Code	Hotel	Rate Range				Restaurants	Room Service	Pool	Fitness Center	Laundry/Valet	Valet Parking	Lounges	Concierge	Business Center
		Single	Double	Suite	Add'l Person									
BPP	Boston Park Plaza Hotel	\$169	\$189	\$ 375 - \$ 800	\$20	2	●	●	●	●	1	●	●	
BBH	Hilton Boston Back Bay	\$179	\$199	\$ 300 - \$ 800	\$20	1	●	●	●	●	2	●	●	
BMC	★ Marriott Copley Place	\$186	\$205	\$ 504 - \$ 954	\$20	3	●	●	●	●	2	●	●	
MH	Midtown Hotel	\$149	\$160	N/A	\$10	Breakfast only	Breakfast only	●	●	Park your own N/C		●	Copy and Fax Services	
SBH	★ Sheraton Boston Hotel	\$186	\$205	\$ 325 - \$ 800	\$20	1	●	●	●	●	2	●	●	
TB	Tremont Boston Hotel	\$160	\$170	N/A	\$20	1	●	●	●	●	3	●	●	
WCP	WestIn Copley Place Hotel	\$201	\$223	\$ 699 - \$ 2200	\$25	3	●	●	●	●	2	●	●	

★ **Co-headquarter Hotels**

Shuttle service provided from most official PAS/AAP hotels to the Convention Center, excluding the Sheraton, Marriott and Westin which are within close proximity to the Convention Center.

MAKE YOUR RESERVATIONS EARLY TO ASSURE AVAILABILITY OF PREFERRED ACCOMMODATIONS

Reservations can be made from November 16, 1999 through April 27, 2000. Convention rates will not be guaranteed between April 12 and April 27.

Hotel room assignments will be made in order of receipt with preference to PAS/AAP 2000.

To take advantage of the special PAS/AAP convention rates, be sure to book your reservation by April 12, 2000. All rates are per room per night and are subject to a 12.45% tax (subject to change). All hotels require a deposit of \$150 with each reservation request. Requests received without a deposit will be returned and will not be processed. Credit card deposits may be charged at the discretion of the Hotel holding your reservation on or after April 19, 2000. Continue to make, modify and/or cancel reservations from November 16, 1999 through April 27, 2000 via the PAS/AAP Housing Bureau. Reservations secured by check deposit will be assessed a \$15 processing fee if cancelled at any time. Reservations secured by credit card may be made, modified and/or cancelled without penalty from November 16 through March 7 after which, cancellations will be assessed a \$15 processing fee. Any cancellations made on/after April 28, 2000 will result in forfeiture of entire \$150 deposit. A \$4.00 per night fee is included with hotel rates to support the PAS/AAP meeting shuttle.

HOUSING GUIDELINES: All reservations are being coordinated by the Greater Boston Convention & Visitors Bureau. Arrangements for accommodations must be made through the Housing Bureau and NOT with the hotel directly. All reservations will be processed by internet, mail, toll free phone and fax. To reserve a room, use the housing form on page 5 or visit our website at www.aps-spr.org to reserve online.

PEDIATRIC ACADEMIC SOCIETIES AND
THE AMERICAN ACADEMY OF PEDIATRICS
YEAR 2000 JOINT MEETING

Boston, Massachusetts May 12 – 16, 2000

HOTEL RESERVATION FORM

INSTRUCTIONS

Reservations can be made from
November 16, 1999 through April 27, 2000
by choosing one of the following methods.

INTERNET

Book your reservation on-line using the
interactive site at

www.aps-spr.org

TELEPHONE

Call the PAS/AAP Housing Bureau,
9am-7pm EST, Monday-Friday at:

888-513-1118 (toll free)

416-385-9031 (international)

FAX

Send a completed form, one copy per room to
416-443-6818

CONFIRMATIONS

Confirmation will be sent after each reservation
booking, modification and/or cancellation. **Review it
carefully for accuracy.** If you do not receive a
confirmation via e-mail, fax, or mail within 14 days
after *any* transaction, please contact the Housing
Bureau.

ROOM RATES/TAXES

To take advantage of the special PAS/AAP convention
rates, be sure to book your reservation by April 12,
2000. After this date the official PAS/AAP blocks will
be released and the hotels may charge significantly
higher rates. All rates are per room per night and are
subject to a 12.45% tax (subject to change). Hotels
may charge additional fees for rooms with more than
two occupants. When making a reservation, please
provide room and bedding preferences in the Special
Needs section of the Housing Form. The hotels will
assign specific room types upon check-in, based upon
availability. *Please be advised that requests are not
guaranteed.*

DEPOSITS

All hotels require a deposit of \$150 with each
reservation request. **Requests received without a
deposit will be returned and will not be processed.**
Please fill out the credit card information entirely or
mail a check made payable to Passkey.com/PAS-AAP.
*Credit card deposits may be charged at the discretion
of the Hotel holding your reservation on or after April
19, 2000. Credit Cards must be valid through May
2000 in order to be considered a proper deposit.*

MODIFICATION/CANCELLATION

Continue to make, modify and/or cancel reservations
from November 16, 1999 through April 27, 2000 via
the PAS/AAP Housing Bureau. **Reservations
secured by check deposit will be assessed a \$15
processing fee if cancelled at any time.** Reservations
secured by credit card may be made, modified and/or
cancelled without penalty from November 16 through
March 7 after which, cancellations will be assessed a
\$15 processing fee. **Any cancellations made on/after
April 28, 2000 will result in forfeiture of entire \$150
deposit.**

HOTEL INFORMATION

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
serve basis. If all three requested hotels are
unavailable, please process this reservation
according to:

Comparable room rate.

Proximity to conference site.

Room Type: (must fill out both)

Number of people in room: _____

Number of beds in room: _____

List All Occupants In Room

(Include yourself)

1. _____

2. _____

3. _____

4. _____

Special Needs: _____

Smoking Non-Smoking

DEPOSIT INFORMATION

ALL HOTELS REQUIRE A DEPOSIT OF \$150.00
WITH EACH RESERVATION REQUEST.

**Housing forms received without a valid credit
card or check deposit will be returned and
will not be processed.**

(No cash deposits accepted)

Credit Card

*Please be advised that the credit card must be
valid through the dates of the convention or
your reservation **will not be processed.***

Type of card:

AMERICAN EXPRESS

MASTERCARD

VISA

Other _____

Account Number: _____

Expiration Date: _____
MUST BE VALID THROUGH May 2000

(NAME OF CARDHOLDER)

(SIGNATURE OF CARDHOLDER)

Check

*All reservations with check deposit **will be charged a
\$15.00 processing fee if cancelled.** Please mail
checks with an attached Housing Form.*

Make checks payable to:

Passkey.com/PAS-AAP

P.O. Box 3191

Boston, MA 02241-3191

SEND CONFIRMATION TO:

(FILL THIS PORTION COMPLETELY)

NAME:

Last: _____ First: _____ MI: _____

Address: _____

City _____ State: _____ Postal Code: _____

Country: _____

E-mail: _____

Fax: _____ Phone: _____

If outside the USA, provide country & city codes along with the telephone numbers.

DO NOT SEND THIS FORM TO PAS/AAP. SEND IT TO THE HOUSING BUREAU

****PLEASE USE ONE FORM PER ROOM. MAKE COPIES AS NEEDED****

MASSACHUSETTS

- ★ Hynes Convention Center
- ① Boston Park Plaza Hotel
- ② Hilton Boston Back Bay
- ③ Marriott Copley Place
- ④ Midtown Hotel
- ⑤ Sheraton Boston Hotel
- ⑥ Tremont Boston Hotel
- ⑦ Westin Copley Place Hotel

