

## Hotel Reservation Form

126th TMS Annual Meeting & Exhibition

February 9-13, 1997

Deadline for receipt January 3, 1997

Telephone requests will not be honored

## (If you mail, do not fax to avoid being billed twice)

TMS Housing Bureau will make reservations on a first-come, first-served basis at the hotels listed, depending on availability at the time the reservation is received.

All reservations require a \$100 first night's deposit. Checks should be made payable to TMS Housing Bureau. Forms must be received by **January 3, 1997.** After this date, rooms and hotel choice may only be available at the convention rate on a space-available basis.

You will receive confirmation from the TMS Housing Bureau, then confirmation directly from your hotel.

## If mailing or faxing this form:

• Type or print clearly.

RATES:

outh

Orange County Convent

- · Any incomplete information will delay processing your form.
- · Use one form for each room you require.
- If sharing a room, use one form. For more than one room reservation, photocopies of this form are acceptable.
- After the cutoff date, all convention room blocks will be released and any reservations must be made through the hotels directly.
- Allow at least two weeks for receipt of housing acknowledgment. Hotel confirmation will be sent to the addressee only. Please read your confirmation carefully to ensure that the correct arrival and departure dates are noted. Keep a copy of your confirmation for your records.
- Credit cards are preferred. All rates are subject to the prevailing state/local occupancy room taxes (11% or 12%).
- All name changes, cancellations, or changes in arrival/departure dates must be submitted to the Housing Bureau. Cancellations must be made directly to the hotel at least 72 hours prior to arrival, otherwise deposits are forfeited.
- Check-in for most hotels is 3:00pm. Late arrival is guaranteed upon receipt of deposit.

528) Sand Lake Road

Beeline Expressw Hwy. (528) To Airport-

Information

4

1. Omni Rosen

2. Clarion Plaza

3. Best Western

International Drive

epublic Drive

d Blvd.

5. Marriott

6. Quality Inn

4. Embassy Suites

Complete form and fax or mail with deposit to:

TMS Housing Bureau 6700 Forum Drive Suite 100 Orlando, FL 32821-8087 Phone (407) 363-5800 Fax (407) 370-5015

| id being billed twice)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Arrival Date:                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                    | Гіте:                                                                                                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| first-come, first-served basis at the eter the reservation is received.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Departure Date:                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                    |                                                                                                                                                                                                                                                                         |
| it. Checks should be made payable<br>by <b>January 3, 1997.</b> After this date,<br>at the convention rate on a space-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Last Name of Occupant Daytime Telephone                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                    | First Name                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Fax Number                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                    |                                                                                                                                                                                                                                                                         |
| g Bureau, then confirmation directly                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | MAIL CONFIRMATIONS TO:                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                    |                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Name                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                    |                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Mailing Address                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                    |                                                                                                                                                                                                                                                                         |
| ssing your form.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | City                                                                                                                                                                                                                                                                                                                                         | State/Pro                                                                                                                                                          | ovince                                                                                                                                                                                                                                                                  |
| than one room reservation, photo-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Zip/Postal Code                                                                                                                                                                                                                                                                                                                              | Country_                                                                                                                                                           |                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Sharing with (if applicable)                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                    |                                                                                                                                                                                                                                                                         |
| blocks will be released and any els directly.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DEPOSIT INFORMATION                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                    |                                                                                                                                                                                                                                                                         |
| g acknowledgment. Hotel confirma-<br>ise read your confirmation carefully                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Deposit by check to TMS Ho                                                                                                                                                                                                                                                                                                                   | ousing Bureau                                                                                                                                                      | Deposit by credit card                                                                                                                                                                                                                                                  |
| ure dates are noted. Keep a copy of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Credit Card Type                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                    |                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Cardholder Name                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                    |                                                                                                                                                                                                                                                                         |
| ubject to the prevailing state/local                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                    |                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Credit Card Number                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                    |                                                                                                                                                                                                                                                                         |
| s in arrival/departure dates must be<br>tions must be made directly to the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Credit Card Number                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                    |                                                                                                                                                                                                                                                                         |
| s in arrival/departure dates must be<br>tions must be made directly to the<br>wise deposits are forfeited.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                    |                                                                                                                                                                                                                                                                         |
| s in arrival/departure dates must be<br>tions must be made directly to the<br>wise deposits are forfeited.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Expiration Date                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                    |                                                                                                                                                                                                                                                                         |
| s in arrival/departure dates must be<br>tions must be made directly to the<br>wise deposits are forfeited.<br>rival is guaranteed upon receipt of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Expiration Date<br>Signature<br>E Please contact m                                                                                                                                                                                                                                                                                           |                                                                                                                                                                    |                                                                                                                                                                                                                                                                         |
| s in arrival/departure dates must be<br>tions must be made directly to the<br>wise deposits are forfeited.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Expiration Date<br>Signature<br>E Please contact m<br>Non Smoking                                                                                                                                                                                                                                                                            |                                                                                                                                                                    |                                                                                                                                                                                                                                                                         |
| s in arrival/departure dates must be<br>tions must be made directly to the<br>wise deposits are forfeited.<br>rival is guaranteed upon receipt of<br><b>Room type:</b> Smoking<br>Additional requests                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Expiration Date                                                                                                                                                                                                                                                                                                                              | ne regarding my disa<br>navailability.                                                                                                                             | ibility-related needs.                                                                                                                                                                                                                                                  |
| s in arrival/departure dates must be<br>tions must be made directly to the<br>wise deposits are forfeited.<br>rival is guaranteed upon receipt of<br><b>Room type:</b> Smoking<br>Additional requests<br><i>CHECK THE RATE AND ROOM</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Expiration Date                                                                                                                                                                                                                                                                                                                              | e regarding my disa<br>n availability.<br>DTEL                                                                                                                     | INDICATE BY NUMBER<br>YOUR ORDER OF<br>PREFERENCE IN HOTEI                                                                                                                                                                                                              |
| s in arrival/departure dates must be<br>tions must be made directly to the<br>wise deposits are forfeited.<br>rival is guaranteed upon receipt of<br>Room type: Smoking<br>Additional requests<br>CHECK THE RATE AND ROOM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Expiration Date                                                                                                                                                                                                                                                                                                                              | e regarding my disa<br>n availability.<br>DTEL                                                                                                                     | INDICATE BY NUMBER<br>YOUR ORDER OF<br>PREFERENCE IN HOTEI                                                                                                                                                                                                              |
| s in arrival/departure dates must be<br>tions must be made directly to the<br>wise deposits are forfeited.<br>rival is guaranteed upon receipt of<br>Room type: Smoking<br>Additional requests<br>CHECK THE RATE AND ROOM<br>1. Omni Rosen Hotel (Co<br>Single \$138<br>2. Clarion Plaza Hotel (Co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Expiration Date                                                                                                                                                                                                                                                                                                                              | e regarding my disa<br>n availability.<br>DTEL                                                                                                                     | INDICATE BY NUMBER<br>YOUR ORDER OF<br>PREFERENCE IN HOTEI                                                                                                                                                                                                              |
| s in arrival/departure dates must be<br>titons must be made directly to the<br>wise deposits are forfeited.<br>rival is guaranteed upon receipt of<br>Room type: Smoking<br>Additional requests<br>CHECK THE RATE AND ROOM<br>1. Omni Rosen Hotel (Co<br>Single \$133<br>2. Clarion Plaza Hotel (Co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Expiration Date                                                                                                                                                                                                                                                                                                                              | e regarding my disa<br>n availability.<br>DTEL<br>Club Level U                                                                                                     | INDICATE BY NUMBER<br>YOUR ORDER OF<br>PREFERENCE IN HOTEI                                                                                                                                                                                                              |
| s in arrival/departure dates must be<br>tions must be made directly to the<br>wise deposits are forfeited.<br>rival is guaranteed upon receipt of<br>Room type: Smoking<br>Additional requests<br><i>CHECK THE RATE AND ROOM</i><br>1. Omni Rosen Hotel (Co<br>Single \$138<br>2. Clarion Plaza Hotel (Cd<br>Single \$138<br>3. Best Western Plaza Hotel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Expiration Date                                                                                                                                                                                                                                                                                                                              | e regarding my disa<br>availability.<br>DTEL<br>Club Level U<br>Triple \$127<br>Quad \$142                                                                         | Ibility-related needs.<br>INDICATE BY NUMBER<br>YOUR ORDER OF<br>PREFERENCE IN HOTEI<br>Choice: #<br>pgrade \$155<br>Choice: #                                                                                                                                          |
| s in arrival/departure dates must be<br>tions must be made directly to the<br>wise deposits are forfeited.<br>rival is guaranteed upon receipt of<br>Room type: Smoking<br>Additional requests<br>CHECK THE RATE AND ROOM<br>1. Omni Rosen Hotel (Co<br>Single \$139<br>2. Clarion Plaza Hotel (Co<br>S S<br>C S<br>S S<br>S S<br>S S<br>S S<br>S S<br>S S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Expiration Date                                                                                                                                                                                                                                                                                                                              | e regarding my disa<br><i>a vailability.</i><br><i>DTEL</i><br>Club Level U<br>Triple \$127<br>Quad \$142                                                          | Ibility-related needs.<br>INDICATE BY NUMBER<br>YOUR ORDER OF<br>PREFERENCE IN HOTEI<br>Choice: #<br>pgrade \$155<br>Choice: #                                                                                                                                          |
| s in arrival/departure dates must be<br>tions must be made directly to the<br>wise deposits are forfeited.<br>rival is guaranteed upon receipt of<br>Room type: Smoking<br>Additional requests<br><i>CHECK THE RATE AND ROOM</i><br>1. Omni Rosen Hotel (Co<br>Single \$138<br>2. Clarion Plaza Hotel (Ca<br>S<br>S<br>CHECK THE RATE AND ROOM<br>1. Omni Rosen Hotel (Co<br>Single \$138<br>2. Clarion Plaza Hotel (Ca<br>S<br>S<br>CHECK THE RATE AND ROOM<br>1. Omni Rosen Hotel (Ca<br>S<br>S<br>CHECK THE RATE AND ROOM<br>1. Omni Rosen Hotel (Ca<br>S<br>S<br>CHECK S<br>S<br>CHECK S<br>CHECK S                                              | Expiration Date                                                                                                                                                                                                                                                                                                                              | e regarding my disa<br><i>a vailability.</i><br><i>TEL</i><br>Club Level U<br>Triple \$127<br>Quad \$142<br>Triple \$55<br>Quad \$55                               | INDICATE BY NUMBER<br>YOUR ORDER OF<br>PREFERENCE IN HOTEI<br>Choice: #<br>pgrade \$155<br>Choice: #                                                                                                                                                                    |
| s in arrival/departure dates must be<br>titons must be made directly to the<br>wise deposits are forfeited.<br>rival is guaranteed upon receipt of<br>Room type: Smoking<br>Additional requests<br>CHECK THE RATE AND ROOM<br>1. Omni Rosen Hotel (Co<br>Single \$138<br>2. Clarion Plaza Hotel (Co<br>Single \$139<br>3. Best Western Plaza Hotel<br>3. Best Western Plaza Hotel<br>Sigle \$<br>3. Best Western Plaza Hotel<br>Sigle \$<br>3. Best Western Plaza Hotel<br>Sigle \$<br>3. Best Western Plaza Hotel<br>Sigle \$<br>5. Sigle | Expiration Date                                                                                                                                                                                                                                                                                                                              | e regarding my disa<br>availability.<br>DTEL<br>Club Level U<br>Triple \$127<br>Quad \$142<br>Triple \$55<br>Quad \$55                                             | INDICATE BY NUMBER<br>YOUR ORDER OF<br>PREFERENCE IN HOTEI<br>Choice: #<br>pgrade \$155<br>Choice: #                                                                                                                                                                    |
| s in arrival/departure dates must be<br>tions must be made directly to the<br>wise deposits are forfeited.<br>rival is guaranteed upon receipt of<br>Room type: Smoking<br>Additional requests<br><i>CHECK THE RATE AND ROOM</i><br>1. Omni Rosen Hotel (Co<br>Single \$138<br>2. Clarion Plaza Hotel (Ca<br>Single \$138<br>3. Best Western Plaza Hotel (Ca<br>Single \$138<br>4. Embassy Suites Orland<br>Single Single                                                                                                                                                                                                                                                                                                                                                                                                                             | Expiration Date         Signature         Signature         Please contact m         Non Smoking         Room preference is based upor         MTYPE PREFERRED FOR EACH HO         Headquarters Hotel)         5       Double \$135         Double \$112         Single \$112         Double \$112         Double \$134         Double \$134 | e regarding my disa<br>availability.<br>DTEL<br>Club Level U<br>Triple \$127<br>Quad \$142<br>Triple \$55<br>Quad \$55<br>Triple \$144<br>Quad \$144               | INDICATE BY NUMBER<br>YOUR ORDER OF<br>PREFERENCE IN HOTEL<br>Choice: #<br>Choice: #<br>Choice: #<br>Choice #                                                                                                                                                           |
| Additional requests<br>CHECK THE RATE AND ROOM<br>1. Omni Rosen Hotel (Co<br>Single \$138<br>2. Clarion Plaza Hotel (Co<br>S<br>3. Best Western Plaza Hotel<br>4. Embassy Suites Orland<br>5. Orlando Marriott Intern                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Expiration Date         Signature         Signature         Please contact m         Non Smoking         Room preference is based upor         MTYPE PREFERRED FOR EACH HO         Headquarters Hotel)         5       Double \$135         Double \$112         Single \$112         Double \$112         Double \$134         Double \$134 | e regarding my disa<br>o availability.<br>DTEL<br>Club Level U<br>Triple \$127<br>Quad \$142<br>Triple \$55<br>Quad \$55<br>Triple \$144<br>Quad \$144             | INDICATE BY NUMBER<br>YOUR ORDER OF<br>PREFERENCE IN HOTEL<br>Choice: #<br>Choice: #<br>Choice: #<br>Choice #                                                                                                                                                           |
| s in arrival/departure dates must be<br>tions must be made directly to the<br>wise deposits are forfeited.<br>rival is guaranteed upon receipt of<br>Room type: Smoking<br>Additional requests<br><i>CHECK THE RATE AND ROOM</i><br>1. Omni Rosen Hotel (Co<br>Single \$138<br>2. Clarion Plaza Hotel (Co<br>Single \$138<br>3. Best Western Plaza Hotel (Co<br>Single \$138<br>3. Best Western Plaza Hotel (Co<br>Single \$138<br>5. Orlando Marriott Interring \$100<br>5. Orlando \$1                                                                                                                                                                                                 | Expiration Date         Signature         Signature         Please contact m         Non Smoking         Room preference is based upor         MTYPE PREFERRED FOR EACH HO         Headquarters Hotel)         5       Double \$135         Double \$112         Single \$112         Double \$112         Double \$134         Double \$134 | e regarding my disa<br>availability.<br>DTEL<br>Club Level U<br>Triple \$127<br>Quad \$142<br>Triple \$55<br>Quad \$55<br>Triple \$144<br>Quad \$144<br>wuad \$144 | INDICATE BY NUMBER         YOUR ORDER OF         PREFERENCE IN HOTEL         Choice: #         Choice #         Choice #         Choice # |