



Hotel Reservation Form

126th TMS Annual Meeting & Exhibition
February 9-13, 1997

Deadline for receipt January 3, 1997

Telephone requests will not be honored

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



(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.
- 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.

Arrival Date: _____ Time: _____

Departure Date: _____

_____ Last Name of Occupant _____ First Name
Daytime Telephone _____

Fax Number _____

MAIL CONFIRMATIONS TO:

Name _____

Mailing Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Sharing with (if applicable) _____

DEPOSIT INFORMATION

Deposit by check to TMS Housing Bureau Deposit by credit card

Credit Card Type _____

Cardholder Name _____

Credit Card Number _____

Expiration Date _____

Signature _____



Please contact me regarding my disability-related needs.

RATES:

Room type: Smoking Non Smoking

Additional requests _____

Room preference is based upon availability.

**INDICATE BY NUMBER
YOUR ORDER OF
PREFERENCE IN HOTEL**

CHECK THE RATE AND ROOM TYPE PREFERRED FOR EACH HOTEL

1. **Omni Rosen Hotel (Co-Headquarters Hotel)** Choice: # _____
 Single \$135 Double \$135 Club Level Upgrade \$155

2. **Clarion Plaza Hotel (Co-Headquarters Hotel)** Choice: # _____
 Single \$112 Triple \$127
 Double \$112 Quad \$142

3. **Best Western Plaza Hotel** Choice # _____
 Single \$55 Triple \$55
 Double \$55 Quad \$55

4. **Embassy Suites Orlando South** Choice # _____
 Single \$134 Triple \$144
 Double \$134 Quad \$144

5. **Orlando Marriott International Drive** Choice # _____
 *Single \$102 *Double \$102

6. **Quality Inn Plaza** Choice # _____
 Single \$55 Triple \$55
 Double \$55 Quad \$55

If your choice is not available, comparable accommodations will be assigned.

