

Complete form mail to:  
 TMS Housing Bureau  
 P.O. Box 2426  
 San Antonio, TX 78298  
 OR  
 Fax to: 210-270-8702

**SAN Antonio** Hotel Reservation Form  
 The 127th TMS Annual Meeting & Exhibition  
 February 15-19, 1998

Reservation cutoff date:  
 January 5, 1998



**RESERVATION WILL NOT BE PROCESSED IF FORM IS INCOMPLETE.** TELEPHONE REQUESTS ARE NOT ACCEPTED.  
 Keep a copy of form for your records. Do not mail after faxing. Acknowledgments are mailed or faxed only to the name listed in field #8. Photocopy this form if you need more than one room.

**1. SELECT SIX HOTELS:** Rooms are assigned first come/first served. If choices are not available, a room will be secured at a hotel based on your preference of rate or proximity and availability. **USE CODES ONLY/NOT NUMBERS.** See next page for codes.

<b>1st Choice</b>	<input type="text"/>	<b>2nd Choice</b>	<input type="text"/>	<b>3rd Choice</b>	<input type="text"/>
	(Hotel Code)		(Hotel Code)		(Hotel Code)
<b>4th Choice</b>	<input type="text"/>	<b>5th Choice</b>	<input type="text"/>	<b>6th Choice</b>	<input type="text"/>
	(Hotel Code)		(Hotel Code)		(Hotel Code)

If hotel choices are sold out, which is more important?  Room Rate  Location

<b>2. ARRIVAL:</b>	<b>3. DEPARTURE:</b>
Day/Date: _____ Time: _____ <b>AM</b> PM	Day/Date: _____ Time: _____ <b>AM</b> PM

Requests for 2 or more days pre or post-convention may not be available through the housing department. Acknowledgment will advise you to call hotel direct for additional nights (not always available at convention rates).

**4. CHECK APPROPRIATE BOX:**  ONE BED  TWO BEDS

The housing department will request room type, hotel will confirm if available.

**5. TOTAL NUMBER OF PEOPLE IN ROOM:** \_\_\_\_\_

**6. ROOM GUARANTEE:** Hotel will send confirmation with rate, policies and room type. All rooms must be guaranteed. **Do not send checks to the Housing Department.** Complete credit card information or send check directly to the hotel upon receipt of confirmation slip.

_____	_____	_____	_____
Type of Card (i.e. AE, MC, VS)	Credit Card Number	Expiration Date	Name on Credit Card

**7. LIST ALL OCCUPANTS: FIRST NAME FIRST.**

1. _____	2. _____
3. _____	4. _____

**8. SEND ACKNOWLEDGMENT TO:**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FIRST NAME	MI	LAST NAME	
<input type="text"/>			
AFFILIATION/COMPANY			
<input type="text"/>			
STREET ADDRESS OR P.O. BOX NUMBER			
<input type="text"/>			
CITY	STATE	COUNTRY	ZIP CODE
<input type="text"/>			
DAYTIME PHONE NUMBER		FAX NUMBER (If international, indicate country and city code.)	

**9. SPECIAL REQUESTS:**  SMOKING  NON-SMOKING  Check here for disability

List special or other needs: \_\_\_\_\_

**CANCELLATIONS/CHANGES:** On or before January 12, 1998 in writing to Housing Department.  
 After January 12, 1998 direct to hotel.