

ALL HOTEL
RESERVATIONS
MUST BE
SUBMITTED TO
THE WESTIN
INDIANAPOLIS
HOTEL

TMS 2001

FALL MEETING

HOTEL REGISTRATION FORM

TMS FALL MEETING 2001 ■ NOVEMBER 4-8, 2001

*Please Note:
Check in time is 3 PM.
Check out time is 12 Noon.*

WESTIN INDIANAPOLIS HOTEL ■ 50 S. CAPITAL AVENUE, INDIANAPOLIS, IN 46204-3425

RESERVATION PHONE: (317) 262-8100 ■ RESERVATION FAX: (317) 231-3929

Please reserve _____ room(s) for _____ person(s).

Name _____

Sharing Room with _____


Company _____

Mailing Address _____

City _____ State _____

Zip Code _____ Country _____

Phone _____ Fax _____ E-mail _____

Please check here if handicap accommodations are required. 

All reservations must be received at the Westin Indianapolis by **October 9, 2001**. Requests prior to and after convention dates will be accepted on space available basis only. Convention rate applies three days prior and three days following official meeting dates based on availability. All rooms are subject to 11% tax.

Check (Make checks payable to Westin Indianapolis Hotel in U.S. dollars and drawn on a U.S. bank.)

Credit Card

Visa MasterCard American Express Discover Diners Club

Card No. _____ Expiration Date _____

Cardholder's Name _____ Signature _____

I plan to arrive _____ (Day & Date) _____

I plan to depart _____ (Day & Date) _____

Please check:

1 (one) person \$139 2 (two) persons \$159 3 (three) persons \$179 4 (four) persons \$199

Smoking Requested Non-Smoking Requested 1 (one) Bed Requested 2 (two) Beds Requested

Special Requests _____