



Housing Form

6 - 10 October 2002
COLUMBUS CONVENTION CENTER • COLUMBUS, OHIO



INSTRUCTIONS

Reservations can be made by choosing one of the following methods:

Internet: Book your reservation on line at www.asminternational.org/materialssolutions or www.asminternational.org/surface, click on housing and use access code ASMATT1007. **This is the quickest and most effective method.**

Fax: Fax completed form with credit card information to 614/222-6140.

Mail: Send completed form with credit card information to **GCCVB Housing Bureau, 90 North High Street, Columbus, OH 43215-3014.**

All reservation requests must be made through the Housing Bureau by **29 August 2002.**

If additional forms are needed, photocopies of this form are acceptable.

ACKNOWLEDGEMENTS

Acknowledgements will be sent after each reservation booking, modification and/or cancellation. Review acknowledgements carefully for accuracy. If you do not receive an acknowledgement within 14 days after any transaction, please contact the Housing Bureau via email housing@columbuscvb.org. Please note that the confirmation number on your acknowledgement is not the confirmation number for the individual hotel. This acknowledgement should be kept with you in the event you have a problem checking into the hotel.

Number all hotels in numerical order of preference. A limited number of rooms have been blocked at the convention rate at each of the listed hotels. Room assignments will be made in order of receipt of official housing reservation form. Failure to receive your first choice does not constitute an error.

CIRCLE ROOM TYPE REQUESTED BELOW					
Number Hotels in order of preference	HOTELS Room rates DO NOT include 15.75% tax.	SINGLE 1 person	DOUBLE 2 persons	TRIPLE 3 persons	QUAD 4 persons
	Adams Mark	\$129	\$139	\$149	\$159
	Crowne Plaza (TMS Headquarters)	\$134	\$144	\$155	\$155
	Hampton Inn	\$ 98	\$118	\$128	\$138
	Hyatt Regency (ASM/IFHTSE Headquarters)	\$132	\$142	\$152	\$162

MODIFICATIONS/CANCELLATIONS

Please review carefully: A one-night deposit (plus 15.75% tax) is required for each room requested. Credit card processing will be held until checkout. A \$25 cancellation fee will be charged for reservations **cancelled on or after 20 August 2002.** Reservations **cancelled on or after 26 September 2002** or no shows will be charged up to the cost of one night by the hotel. Any changes or cancellations should be made via fax to the Housing Bureau by **26 September 2002.** After **26 September 2002,** contact the hotel.

MULTIPLE ROOMS

For reservations of 5 rooms or more, rooming lists (faxed or mailed) are due by **15 August 2002.**



ARRIVAL DATE: _____ TIME: _____ DEPARTURE DATE: _____

SPECIAL REQUESTS: THESE ARE ONLY REQUESTS AND CANNOT BE GUARANTEED.

However, hotels will do their best to honor all requests. Hotels will assign specific room types upon check-in based on availability.

Smoking Non-Smoking King Bed

To ensure our conference is ADA accessible to all, please indicate any special assistance that you may require: _____

Last Name _____ First Name _____

Title _____ Company _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Email _____ Phone _____ Fax _____

Include Country Code

(confirmation will be sent to the above email address if available; if email is not available confirmation will be faxed or mailed.)

Roommates: 1. _____ 2. _____ 3. _____

Indicate if arrival or departure dates are different _____

GUARANTEE METHOD

VISA MasterCard American Express Discover Diner's Club

Credit Card No. _____ Exp. Date _____

Signature _____

Necessary to process reservation

Name on Card _____

Please print

By signing I authorize my credit card to be charged in compliance with the above referenced cancellation policies should I cancel my reservation.

Register on line at www.asminternational.org/materialssolutions Or www.asminternational.org/surface Or

MAIL or FAX this form by 29 August 2002 to:

**ASM Housing Bureau
c/o GCCVB • 90 North High Street • Columbus, OH 43215-3014
Fax: 614/222-6140**