



HOUSING RESERVATION FORM

International Conference on Silicon Carbide and Related Materials
September 18-23, 2005

TMS

PLEASE COMPLETE THE FORM BELOW AND RETURN TO:

The Westin Convention Center
1000 Penn Avenue, Pittsburgh, PA 15222
Attention: Terri Eberle
Fax: (412) 560-6480

I plan to arrive: _____ I plan to depart: _____ Total # of people in the room: _____
Date Date (Maximum is four. All attendees staying in the hotel must be assigned and registered to rooms.)

Please check box below. Rates are per room, per night.

Single/Double - \$135 Triple - \$155 Quadruple - \$175

Occupancy Tax - 14%

**ALL RESERVATION REQUESTS MUST BE GUARANTEED WITH A CREDIT CARD.
TO CANCEL A RESERVATION, NOTIFY THE WESTIN CONVENTION CENTER PITTSBURGH
AT (412) 281-3700 PRIOR TO 6 P.M. THE DAY BEFORE ARRIVAL TO AVOID PENALTIES.**

All reservations must be received by: **Friday, August 19, 2005**

RESERVATION INFORMATION

First Name	Last Name	Sharing Room With: First Name	Last Name
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Company	Street Address	City/State/Zip
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Phone	Fax	E-mail
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SPECIAL REQUESTS (CIRCLE ONE)

Room Type:

Smoking Preference:

Hotel Guarantee:

- King Bed
- 2 Double Beds
- Please call (412) 281-3700 for any special requests.

- Smoking
- Non-Smoking

- American Express
- MasterCard
- VISA
- Diners Club
- Discover Card

Requests will be honored on a first-come, first-served basis.

(Print) Cardholder Name	Card Number	Expiration Date
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Authorized Signature