

**hotel reservation form**

*Eighth Biennial Workshop on*  
Organometallic Vapor Phase Epitaxy  
April 13-17, 1997  
Marriott's Laguna Cliffs Resort  
Dana Point, California

Group Name: **OMVPE**

**RESERVATIONS DEADLINE: MARCH 13, 1997**

**Reservations and group rate after this date will be on a space and rate available basis only. (Due to the season, space is likely to be extremely limited.)**

Please print or type all information

Mr. Mrs. Dr. Ms.      First Name      Middle Initial      Last Name

Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State or Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Business Telephone \_\_\_\_\_ Fax Number \_\_\_\_\_

Home Telephone \_\_\_\_\_

Arrival Date \_\_\_\_\_ Time \_\_\_\_\_  AM  PM

Departure Date \_\_\_\_\_ Time \_\_\_\_\_  AM  PM

Non-Smoking

Check in time...3:00 PM

Check-out time...12:00 Noon

Please Check one:

Single ..... \$138       Double (Two persons) ..... \$138

Double/Double (2 persons/ 2 beds      \$138

Sharing With \_\_\_\_\_

Please enclose first nights deposit with a check in U.S. dollars on a U.S. bank or credit card number. The credit card will be charged for one night's room and tax. Deposit refunded only if cancelled 4 days prior to arrival. The above rates do not include room tax.

The rate prior and after the conference dates is \$138 single/double, based on availability.


Check/Money Order (payable to Marriott's Laguna Cliffs Resort)

VISA       MasterCard       American Express       Diners Club

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder Name (please print) \_\_\_\_\_

Cardholder signature \_\_\_\_\_

  Please check here for handicap accommodations.

Mail or fax this form to:  
Marriott's Laguna Cliffs Resort  
Attention: Group Reservations  
25135 Park Lantern  
Dana Point, CA 92629

Telephone: 714-661-5000      FAX: 714-661-5358

