

Hotel Registration Form

Fourth International Symposium on Superalloys 718, 625, 706 and Derivatives June 15-18, 1997

Reservation Deadline: May 23, 1997

Reservations and group rate after this date will
be on a space and rate available basis only.

Please print or type

Mr. Mrs. Ms.
 Dr. Prof.

First Name

Middle Initial

Last Name

Sharing with: # of people: _____ Name(s): _____

Company _____

Address _____

City _____ State _____ Zip Code _____

Business Telephone _____ Home Telephone _____

Arrival Date: _____ Time _____ AM PM

Departure Date: _____ Time _____ AM PM

Check in time: 3 PM

Check out time: 12 Noon

Room type requested:

Single- \$119 Double- \$119 Triple- \$129 Quad- \$139

Suite: One king bed Double/Double: Two double beds

Non-Smoking Smoking

Guests receive a complimentary full cooked to order breakfast, two hours of cocktails daily. Two room suite equipped with galley kitchen containing refrigerator, microwave, coffee and coffee maker, two televisions, two telephones with voice mail, VCR and sleeper sofa.

Please enclose first nights deposit with a check, in US dollars on a US 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 (12%).

Check/Money Order VISA MasterCard American Express
(payable to Embassy Suites Hotel) Carte Blanche Diners Club Discover

Credit Card Number _____ Expiration Date _____

Cardholder Name (Please Print) _____

Cardholder Signature _____



Please check here if you require physically challenged accommodations.

MAIL OR FAX THIS FORM TO:

Embassy Suites Hotel • Group Reservations • 550 Cherrington Parkway
Coraopolis, PA 15108 • Telephone: 412-269-9070 • Toll Free: 1-800-362-2779
Fax: 412-262-4119