

Hotel Registration Form

TMS 2000 Fall Meeting
October 8-12, 2000
Regal Riverfront Hotel
200 S. Fourth Street, St. Louis, MO 63102



Reservation Phone: (800) 325-7353 or (314) 241-9500
Reservation Fax: (314) 241-9601

Please Reserve _____ Room(s) for _____ Person(s)

Name _____

Sharing with _____

Company _____

Mailing Address _____

City _____ State _____

Zip Code _____ Country _____

Company Phone _____ Company Fax _____

All reservations must be accompanied by first night's deposit or credit card.

Please check here if handicap accommodations are required. 

All reservations must be received at the Regal Riverfront Hotel by September 7, 2000. 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 14.776% tax.

Check Credit Card

Card No. _____

Visa MasterCard American Express Discover Other

Expiration Date _____ Signature _____

I plan to arrive _____ (Day & Date) _____

I plan to depart _____ (Day & Date) _____

1 (one) person \$126.00 2 (two) persons \$126.00 3 (three) persons \$126.00 4 (four) persons \$126.00

Please Check:

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

Special Requests: _____

PLEASE NOTE: CHECK IN TIME IS 4:00 PM CHECK OUT TIME IS 12 NOON