



Housing Registration Form

Tenth Biennial Workshop on

Organometallic Vapor Phase Epitaxy

March 11–15, 2001 ● Hilton San Diego Resort ● San Diego, California USA

Hilton San Diego Resort

PLEASE COMPLETE THE FORM BELOW AND RETURN TO: 1775 EAST MISSION BAY DRIVE, SD, CA 92109 ● FAX: (619) 275-8996

I plan to arrive: _____ I plan to depart: _____
DATE DATE

PLEASE CHECK:

- Standard Room Single/Double \$155
Room Tax 10.55%

A \$50 early departure fee will be assessed should you change your departure date AFTER you have checked in.

ALL RESERVATION REQUESTS MUST BE GUARANTEED BY THE FIRST NIGHT'S ROOM AND TAX BY PERSONAL CHECK OR CREDIT CARD. CANCELLATIONS MUST BE MADE SEVENTY-TWO (72) HOURS PRIOR TO ARRIVAL TO AVOID FIRST NIGHT'S BILLING. CREDIT CARDS WILL AUTOMATICALLY BE CHARGED.

All reservations must be received by:
Sunday, February 11, 2001.

Requests prior to and after convention dates will be accepted on a space available basis only. Convention rate applies three days prior and three days following official meeting date based on availability. (One card per room.)

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Telephone: _____ Fax: _____

Specific Requests (subject to availability): _____

ADA Specific Requirements:  _____

PAYMENT ENCLOSED:

Check, Bank Draft, Money Order

Credit Card

VISA MasterCard American Express Diners Club

Card Number: _____ Exp. Date: _____

Signature: _____

PLEASE NOTE:
CHECK-IN TIME IS 3:00 PM
CHECK-OUT TIME IS 12:00 NOON