12th INTERNATIONAL SYMPOSIUM ON SUPERALLOYS

SUPERALLOYS 2012

September 9-13, 2012

Seven Springs Mountain Resort

Champion, Pennsylvania, USA

Housing Form

Fax to Seven Springs Mountain Resort at (814) 352-2010

Online Housing Available: http://www.tms.org/meetings/specialty/superalloys2012/reservations

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Modified American Plan:

Includes lodging + buffet breakfast & dinner with rates being subject to 6% sales tax and 3% local occupancy tax.
Children 17 years of age and younger lodge complimentary when staying in the same room with their parents.

$186 per person, per night, single occupancy
$151 per person, per night, double occupancy
$140 per person, per night, triple or quad occupancy
$107 per person, per night, chalet—students only, 6/chalet

(To reserve space in a chalet, e-mail a copy of this form to Cathie Rae at cr18@cam.ac.uk)

First Night's deposit is required to confirm your reservation.

GROUP CUT OFF DATE: August 9, 2012

Available rooms within your group's block will be reserved on a first-come, first serve basis. Please keep in mind that once the hotel accommodations are filled, lodging will be overflowed to the condominiums at the conference rate. Any rooms remaining within the block will be released on the cut-off date.

Please be certain of your spouse's or room mates reservation as this form will make reservations for both of you.
Send only one form per room. Please be advised that if your partner cancels, you will be assessed the single rate.

Deposit of one night's lodging is required to confirm a reservation.

Fourteen Days Notice is Necessary For Cancellation and Deposit Refund.

Check-In 4:00 p.m. -- Check-Out 11:00 a.m. -- CREDIT CARDS ACCEPTED:
VISA, MASTERCARD, DISCOVER AND AMERICAN EXPRESS

Arrival Date _____ Departure Date _____ Total Number in Party _____

Name: _____ Spouse or Roommate: _____

Address _____ Address _____

_____ _____

Phone & Area Code _____ Phone & Area Code _____

Indicate any Dietary Restriction _____ Indicate any Dietary Restriction _____

Type of Accommodations Requested _____

Credit Card Number _____ Security Number _____ Expiration Date _____

Member's Signature _____