HOTEL RESERVATION FORM

ALLIED SOCIAL SCIENCE ASSOCIATIONS
2008 ANNUAL MEETINGS
JANUARY 4-6
NEW ORLEANS, LA

DEADLINE TO MAKE RESERVATIONS AND TO BE LISTED IN THE HOTEL DIRECTORY IS NOVEMBER 19TH

INTERNET	**FAX**	**PHONE**	**MAIL**
Credit card only Submit it directly using the interactive site, http://www.vanderbilt.edu/AEA	Credit card only 24 Hours 800.521.6017 International fax 847.940.2386	Credit card only 8 a.m. – 5 p.m. CST, Monday – Friday 800.424.5250 International call 847.940.2153	Send completed form and deposit to: Experient Housing Bureau (ASSA) 108 Wilmot Road, Suite 400 Deerfield, IL 60015-5124

INSTRUCTIONS

➔It is important to make your reservation as soon as possible. Reservations are processed on a first received basis. Please use one form per room. Make copies as needed. Hotels will not accept reservations direct. Request for five or more reservations need to be faxed or mailed only.

CONFIRMATIONS

➔Confirmations are available by mail, fax or e-mail. Confirmations are e-mailed when e-mail addresses are provided unless otherwise indicated. The Experient Housing Bureau will send you a confirmation after each booking, modification and/or cancellation. Review it carefully for accuracy. If you do not receive a confirmation via e-mail, fax, or mail within 14 days after sending a request, please contact Experient. This is the only confirmation you will receive.

ROOM RATES/TAXES

➔To take advantage of the special ASSA Convention rates, be sure to book your reservation by November 19, 2007. Requests received after November 19, 2007 will be processed on a space available basis until December 10. All rates are per room night and are subject to 13% local tax plus $1-$3 per room, per night occupancy tax (subject to change).

DEPOSITS

➔All hotels require a deposit of $150 per room. The deposit for a one bedroom suite is $300 and the deposit for a two bedroom suite is $450. Requests received without a deposit ***will not be processed***. Please fill out the credit card information entirely or mail a check, along with your housing form, payable to: Experient Housing Bureau (ASSA). Credit cards will be charged immediately. Checks must be in U.S. dollars drawn on a U.S. Bank. Wire transfers, cash, and purchase orders are not accepted.

CHANGES/CANCELS/REFUNDS

➔Continue to make, modify and/or cancel your reservation through the Experient Housing Bureau until December 10, 2007. Cancellations made prior to December 10, 2007 are refunded by the Experient Housing Bureau in full in the same method originally paid. Contact your hotel directly after December 21 for necessary changes/ cancellations. Cancellations after December 10 but prior to 72 hours of arrival are subject to a processing fee of $17. After December 10 deposits are refunded by the hotel minus the processing fee approximately 60-90 days after the convention. Hold on to your cancellation number for a minimum of three months as it will be used as verification of cancellation. **Any cancellation made after 72 hours prior to your arrival will result in forfeiture of the entire deposit.**

Send Confirmation To:

Last_____First_____MI___

E-mail Address_____

Fax_____Daytime Phone_____

(If number is not within the US, please provide the ENTIRE number the US will need to dial to reach you.)

University/Company (if applicable)_____

Address_____

City/State/Province_____Zip/Postal Code, Country_____

Hotel Information:

Arrival Date_____Departure Date_____

Hotel Preference:

1_____2_____3_____4_____

Reservations will be processed on a first received basis.

Suite Request: ❑ Parlor + one bedroom ❑ Parlor + two bedrooms

Room Type: *(must fill out both)*

Number of people to occupy room_____Number of beds requested in room_____

List all room occupants: (List ages of children)

_____ _____

_____ _____

____Non–smoking room requested Special needs: _____

Deposit Information:

All hotels require a deposit of $150 per room, $300 deposit for one bedroom suite, $450 for two bedroom suite. Housing forms received without a deposit will not be processed.

❑ Check enclosed made payable to Experient Housing Bureau (ASSA).

❑ Please bill my credit card.

Type of card: ❑American Express (15 numbers) ❑Mastercard (16 numbers) ❑Visa ❑Discover

Account number_____Expiration Date____/____

Name of Card Holder_____

Signature_____

PLEASE USE ONE FORM PER ROOM. MAKE COPIES AS NEEDED.