

HOTEL RESERVATION FORM FOR STANDARD ROOMS

Read the **NEW** housing instructions first. If you require a suite or junior suite you must fill out a suite form.

**ALLIED SOCIAL SCIENCE ASSOCIATIONS
2009 ANNUAL MEETINGS
JANUARY 3-5
SAN FRANCISCO**

**DEADLINE TO CANCEL A RESERVATION
WITHOUT PENALTY AND TO BE LISTED IN
THE HOTEL DIRECTORY IS NOVEMBER 21ST
(See the new housing instructions before booking)**

ENTER YOUR REQUIRED ASSA REGISTRATION ID # _____ Each room request requires a different number.

Once you register you will receive an email confirmation with your five digit registration ID number.
This number is required to book a hotel room or suite. See the new housing instructions before trying to book a room.

INTERNET Credit card only Submit it directly using the interactive site http://www.vanderbilt.edu/AEA	FAX Credit card only 24 Hours 800-521-6017 International fax 847-940-2386	PHONE Credit card only 8 a.m.—5.p.m. CST 800-424-5256 International phone 847-940-2154	MAIL Send completed form and deposit to: San Francisco Housing Bureau (ASSA) 468 Atrium Drive Vernon Hills, IL 60061-1731
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SEND CONFIRMATION TO:

LAST _____ FIRST _____ MI _____
 EMAIL ADDRESS _____
 FAX _____ DAYTIME PHONE _____
 UNIVERSITY/AFFILIATION (if applicable) _____
 ADDRESS _____
 CITY/STATE/PROVINCE _____
 ZIP/POSTAL CODE, COUNTRY _____

ROOM REQUIREMENTS:

ARRIVAL DATE _____ DEPARTURE DATE _____
 HOTEL PREFERENCE:
 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____
 NUMBER OF PEOPLE TO OCCUPY ROOM _____ NUMBER OF BEDS REQUESTED IN ROOM _____
 LIST ALL ROOM OCCUPANTS: (List ages of children)
 1 _____ 2 _____ 3 _____ 4 _____
 NON-SMOKING ROOM _____ SPECIAL NEEDS _____

DEPOSIT INFORMATION:

All hotels require a deposit of \$150 per room, \$300 deposit for one bedroom suite, \$450 for a two bedroom suite. Housing forms received without a deposit will not be processed. Suite and junior suite request must be faxed in on a suite form.

- Check enclosed made payable to San Francisco Housing Bureau (ASSA)
- Bill my credit card: American Express Mastercard Visa Discover

ACCOUNT NUMBER _____ Expiration Date ____/____/____

NAME OF CARD
HOLDER _____

SIGNATURE _____

PLEASE USE ONE FORM PER ROOM. MAKE COPIES AS NEEDED