



National Teaching Institute & Critical Care Exposition

New Orleans • May 16-21, 2009

PARTICIPANT HOUSING FORM

Due Date: March 31, 2009

Early booking is strongly advised to ensure best selection. Hotel reservations will be assigned on a first-come, first-served basis based on availability. Rates shown are per night, per room and do not include 13% combined sales tax plus local occupancy tax (see hotel map).

1

First Name										Last Name									
Institution/Company																			
Address																			
City										State/Province					Zip/Postal Code				
Phone										Fax					Extension				
E-Mail																			

2 **Hotel Preference:** To expedite assignment please provide a minimum of 4 choices from the hotel listing when submitting a request. If the hotels selected are not available, an AACN housing agent will contact you with alternate availability.

1. _____ 3. _____
 2. _____ 4. _____

3

Arrival Date	Departure Date	Number of Nights	Room Type:
_____	_____	_____	<input type="checkbox"/> S = Single (1 person, 1 bed) <input type="checkbox"/> D = Double (2 people, 1 bed) <input type="checkbox"/> TR = Triple (3 people, 2 beds) <input type="checkbox"/> DD = Double/Double (2 people, 2 beds) <input type="checkbox"/> QU = Quad (4 people, 2 beds) <input type="checkbox"/> SU = Suite (indicate 1 or 2 bedroom)

Sharing Party: If sharing a room, enter full name of sharing party below.

First Name										Last Name									
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If special accommodations are required, please contact the AACN Housing Bureau at 1-800-340-1840 

4 **Deposit Policy:** All hotels require a deposit of one night's room rate plus 13% city and state tax plus local occupancy tax for each room reserved. Deposit payment may be made by check or credit card. If paying by check prior to arrival, please make check payable to AACN Housing Bureau.

Check Deposit: A Check Deposit for _____ rooms will be forwarded to AACN Housing Bureau following hotel assignment.

Card Type: Visa Mastercard American Express Diners Club _____

Credit Card No: _____ **Expiration Date:** _____

Cardholder Name: _____ **Signature:** _____

(Cardholder authorizes a deposit for one night's room rate plus applicable tax to be charged to the credit card provided above)

5 **Reservation Changes:** Any change in arrival or departure, room type or reservation cancellation must be made through AACN Housing Bureau. After March 31, changes to date of arrival/departure are subject to availability within the AACN block.

Cancellation: Cancellations must be made with the AACN Housing Bureau 7 days prior to arrival for full deposit refund.

Early Departure Fee: Some hotels impose a fee for early check-out. This policy is entirely at the discretion of the hotel and the amount of the fee varies by hotel. To avoid a penalty, reconfirm your date of departure at time of check-in.

This form must be submitted to the AACN Housing Bureau at the address below. Please do not attach this to your registration form or send to the AACN National Office as this might delay your housing requests.

AACN Housing Bureau
 1700 The Alameda, 2nd Floor
 San Jose, California 95126

Call: 1-800-340-1840 (Toll-free within the U.S.)
 Tel: (408) 918-4200 (Outside the U.S.)
 Fax: (408) 918-4250
 Email: aacn@chmrooms.com

