



# National Teaching Institute & Critical Care Exposition

Atlanta GA • May 19-24, 2007

## EXHIBITOR HOUSING FORM

Exhibit Dates May 22-24, 2007

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 the 15% city and state sales tax.

**1**

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

AACN is financially liable to the hotels if the room pick-up drops below a certain percentage, therefore it is increasingly important that the number of rooms blocked are actually utilized. To minimize over-blocking, you will be provided with your pick-up history if you attended the 2005 New Orleans and/or 2006 Anaheim Expositions to reference when preparing your room block request for Atlanta.

**2** Hotel Preference: 1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

**3** Room Block: Indicate the number of rooms required each night by room type. Rooming list is due March 14, 2007.

	Thu 5/17	Fri 5/18	Sat 5/19	Sun 5/20	Mon 5/21	Tue 5/22	Wed 5/23	Thu 5/24	Fri 5/25	Sat 5/26
Single/Double (One Bed)										
Double/Double(Two Beds)										

**Suite Request:** If you would like to request a Suite, please contact the AACN Housing Bureau.

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

**4** **Deposit Policy:** Block reservations require a deposit of one night's room rate plus local tax for each room blocked. Deposit payment may be made by company check or credit card. If paying by company check, 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** **March 14, 2007:** Exhibitor block requests must be submitted to AACN Housing Bureau.  
**March 14, 2007:** Rooming list and deposit is due to AACN Housing Bureau. Please make a note of this date! Failure to submit by March 14 will result in the release of your block for resale to waitlisted exhibitor companies.

**Reservation Changes:** Any change in arrival, departure, and or room type must be made through AACN Housing Bureau. After March 14, 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.

**Hotel Confirmation:** Hotel Assignment will be confirmed within ten (10) working days.

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  
E-mail: aacn@chmrooms.com

