



Attendee Hotel Reservation Form
SIIM 2010 Annual Meeting
 June 3-6, 2010 * Minneapolis, Minnesota

HOUSING CUT-OFF: MAY 10, 2010

Step One: Attendee Information (Please print or type)

First Name: _____ Middle Initial: _____ Last Name: _____

Title: _____

Institution: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Email Address: _____ Phone: _____ Fax: _____

Step Two: Hotel Request

Hotel Requested – Indicate choice in order of preference (1 = first choice; 2 = second choice, etc.) <small>Hotel rates are quoted in USD; Subject to 13.40% state & local tax</small>	Single Rate	Double Rate
____ Hilton Minneapolis Hotel - Headquarters Hotel	\$185.00	\$185.00
____ Hyatt Regency Minneapolis Hotel	\$182.00 May 30 – June 4 \$129.00 June 5 – June 6	\$182.00 May 30 – June 4 \$129.00 June 5 – June 6
____ Holiday Inn Express Hotel & Suites Downtown	\$127.00	\$127.00

Hotel Cancellations: Cancellations made after May 10, 2010 will be charged a \$25.00 cancellation fee. Cancellations within 72 hours of check-in or failure to check in on scheduled day of arrival will be charged one night's room and tax.

Step Three: Room Request

Check-in Date: _____ Check-out Date: _____ Number of Nights: _____

King Bed _____ Double/Double Bed _____ Additional Guest _____

Special Requests: Smoking Room Non Smoking Room Handicapped-Accessible Room

Other: _____

Note that hotels will attempt to honor all requests, but requests cannot be guaranteed.

Step Four: Guarantee Method

Credit Cards: Visa Master card American Express Discover

Card Number: _____ Expiration Date: _____

Name of Cardholder: _____ Signature: _____

By signing I agree to comply with the SIIM 2010 housing cancellation, changes & substitution policies should I cancel or alter my reservation and authorize my credit card to be charged applicable fees.

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**Please fax this form directly to the SIIM 2010-Minneapolis Housing Bureau at 612-767-8201.
 Keep a Copy for Your Records!**