



**American Academy of Orthotists and Prosthetists
MARCH 1-4, 2006**

HOTEL RESERVATION FORM

PLEASE TAKE A MOMENT TO READ THE FOLLOWING IMPORTANT INFORMATION

1. YOUR RESERVATION MUST BE GUARANTEED BY USING ONE OF THESE METHODS:
 - A. **ASSURED RESERVATION.** USE AMERICAN EXPRESS, CARTE BLANCHE, DINERS CLUB, VISA OR MASTERCARD.
 - B. **ADVANCED DEPOSIT.** ENCLOSE FIRST NIGHT'S DEPOSIT WHEN MAILING YOUR RESERVATION CARD. SHOULD IT BECOME NECESSARY TO CANCEL YOUR RESERVATION, PLEASE REQUEST A CANCELLATION NUMBER.
2. **ALL RATES ARE SUBJECT TO ILLINOIS AND CHICAGO OCCUPANCY OPERATORS AND ACCOMMODATION TAXES, CURRENTLY 15.4%.**
3. SHOULD RESERVATIONS BE MADE WITHOUT THIS CARD, PLEASE MENTION THE NAME OF YOUR GROUP. DO NOT SEND IN THE ATTACHED CARD IF A RESERVATION HAS BEEN MADE DIRECTLY THROUGH THE HOTEL. THIS PREVENTS RESERVATION DUPLICATION.
4. **ANY CHANGES MADE TO THIS RESERVATION WITHIN 48 HOURS OF ARRIVAL DATE (INCLUDING EARLY DEPARTURE) ARE SUBJECT TO AN ADMINISTRATIVE FEE**
5. **CHECK IN TIME IS 3:00 PM CHECK OUT TIME IS 12:00 NOON (AFTER 12:00 NOON, ADDITIONAL CHARGES WILL APPLY.)**
6. **RESERVATIONS MUST BE RECEIVED NO LATER THAN - February 6, 2006**
 - A. VIA PHONE: 800-233-1234
 - B. VIA FAX: 312-239-4418
 - C. VIA MAIL: ATTN: RESERVATIONS, 151 E WACKER DRIVE, CHICAGO, IL 60601

SUITES

OUR HOSPITALITY SUITES MANAGER WILL BE PLEASED TO ASSIST YOU WITH ALL FOOD AND BEVERAGE ARRANGEMENTS FOR YOUR SUITE. PLEASE CALL (312) 616-7748. MEETING AND BANQUET ROOMS ARE ALSO AVAILABLE FOR LARGER FUNCTIONS.

GROUND TRANSPORTATION

BUS TRANSPORTATION TO AND FROM O'HARE INTERNATIONAL AIRPORT AND MIDWAY AIRPORT IS AVAILABLE VIA CONTINENTAL AIR TRANSPORT BUS SERVICE.

GROUP NAME: American Academy of Orthotists and Prosthetists		DATES: MARCH 1-4 2006						
GUEST NAME:								
LAST	FIRST	MIDDLE						
COMPANY: _____		ARRIVAL DATE (EST TIME): _____						
STREET: _____		DEPARTURE DATE: _____						
CITY, STATE, ZIP: _____		PHONE: _____						
GOLD PASSPORT MEMBERSHIP NUMBER & LEVEL: _____								
SHAREWITH'S NAME: _____		ARRIVAL DATE: _____	DEPARTURE DATE: _____					
ACCOMMODATIONS (PLEASE CIRCLE RATE SELECTION)	SINGLE 1 KING BED	DOUBLE 1 KING BED	DOUBLE 2 DBL. BEDS	TRIPLE 2 DBL. BEDS	QUAD 2 DBL. BEDS	SUITES	1 BDR	2 BDR
STANDARD GUEST ROOM:	154.00	154.00	154.00	154.00	154.00	STATE:	\$950	\$1169
						REGENCY:	\$850	\$1069
						AVENUE:	\$565	\$764
<i>If rates are not available, the next available rate will be assigned. Room types and special requests are based on availability at the time of check in.</i>								
Please indicate preference:		Smoking: <input type="checkbox"/>	Non-Smoking: <input type="checkbox"/>					
RESERVATION GUARANTEE:		CREDIT CARD TYPE: _____						
		CREDIT CARD NUMBER: _____				EXP. _____		
		CARDHOLDER NAME: _____						