

Individual Attendee Hotel Reservation Form

RESERVE ONLINE:

Go to thoracic.org and look for the housing link.

RESERVE BY PHONE:

8:00 a.m. – 5:00 p.m. CST, Mon – Fri
1-800-967-8852 Domestic
1-847-996-5832 International callers
Please have your credit card number and your arrival and departure dates ready.

RESERVE BY FAX:

1-847-996-5401

You may also e-mail ATS@experient-inc.com with any inquiries, changes, or cancellations.

DO NOT submit this form via email, it must be faxed to the number above.

Please submit room request(s) **only once**. Using multiple methods risks making duplicate reservations. Please do not e-mail this form with credit card information.

- **You must be registered prior to booking a hotel room.**
- Only completed forms will be accepted.
- Room types are assigned on a first-come, first-served basis.
- A hotel is assigned in order of your preference as available or closest to event if not available.
- Allow 3 business days to receive a reservation acknowledgement. Review all information for accuracy.
- If you have not received your acknowledgement within 10 days of mailing this form, please contact the ATS Housing Department at ATS@experient-inc.com.
- May 2, 2018 is the last day to make new reservations; however, rooms may sell out before this date.
- Beginning, May 6, 2019, all reservation activity must go directly to the hotel.

CONTACT INFORMATION:

Please print clearly to avoid delays in assignment

Name: _____

Registration Number (required for room request): _____

Company: _____

Address: _____

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

Phone: _____ Fax: _____

E-mail Address: _____

Acknowledgements may not be received if e-mail filters are in place.

Arrival Date: _____ Departure Date: _____

HOTEL PREFERENCE: (Refer to map @ <http://conference.thoracic.org> for hotels and rates.)

1. _____ 2. _____

3. _____ 4. _____

NAME(S) OF ALL OCCUPANTS SHARING ROOM, INCLUDING SELF:

Last Name	First Name
1)	
2)	
3)	
4)	

Maximum room occupancy is four (4) per city code.

If you wish a second acknowledgement to be sent to someone other than the contact above, please provide e-mail address:

Additional e-mail address: _____

ROOM TYPE REQUESTED:

King Bed 2 Double Beds

Wheelchair Accessible Other: _____

Number of guests in room: 1 2 3 4

GUARANTEE/CANCELLATION POLICY:

A major credit card number valid until June 2019 or later for one night's room and tax (add 15.26% tax) is required to secure a reservation. Credit cards are collected for guarantee by the Housing Bureau, but may be charged by the individual hotels after May 3, 2019. A charge of one night's room and tax will be charged or forfeited on reservations that do not arrive (no-shows) or are not cancelled before 72 hours of arrival. Early departures after check-in are subject to penalty fees set by the hotel. Beginning Monday, May 6, 2019, all reservation activity must go directly to the hotel.

Please identify your method of guarantee below.

CREDIT CARD: Amex MasterCard Visa Discover Check Enclosed

Cancellations within 72 hours of arrival will be charged one night's room and tax.

Card No. _____ Expiration Date _____/_____/_____

Name of Card Holder _____ Signature _____

Deadline:

THURSDAY, MAY 2nd.

Beginning Monday, May 6, 2019, all new reservations, revisions, and cancellations must be made directly with the hotel.