

**Individual Attendee Hotel Reservation Form**

**RESERVE ONLINE:**

Go to [thoracic.org](http://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](mailto: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](mailto:ATS@experient-inc.com).
- April 29, 2020 is the last day to make new reservations; however, rooms may sell out before this date.
- Beginning, May 5, 2020, 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.)

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**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 2020 or later for one night's room and tax (add 16.25% 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 1, 2020. 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 canceled per the hotels cancellation policy. Early departures after check-in are subject to penalty fees set by the hotel. Beginning Tuesday, May 5, 2020, 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:**

**WEDNESDAY, APRIL 29th.**

Beginning Tuesday, May 5, 2020, all new reservations, revisions, and cancellations must be made directly with the hotel.