



**Intensive Course on Electrical Contacts
Omni Shoreham Hotel, Washington, DC
March 24-27, 2003**

HOTEL RESERVATION REQUEST FORM

Last Name _____ **First Name** _____ **Middle Initial** _____

Company/Institution/Department _____

Address _____

City _____ **State/Province** _____ **Postal Code** _____ **Country** _____

Phone Number _____ **Fax Number** _____

Email Address _____

Please **INDICATE PREFERENCES** in the space provided.

Please note: Every effort will be made to accommodate your preference; however, due to availability, it cannot be guaranteed.

PREFERENCE:

HOTEL

**Single/
Double**

Omni Shoreham Hotel, 2500 Calvert Street NW, Washington DC 20008
SINGLE - \$179.00 / DOUBLE - \$179.00

To avoid a cancellation penalty for individual reservations of one-night room and tax; reservations must be cancelled at least 72 hours prior to arrival.

All rooms are subject to applicable state and local taxes (approximately 14.5%). Check-in time: 4:00pm, Check-out time: 11:00am

ARRIVAL AND DEPARTURE INFORMATION

Arrival Date: _____ Approximate Arrival Time: _____ AM/PM (please circle) Departure Date: _____

SPECIAL REQUESTS - Requests cannot be guaranteed; however, every effort will be made to accommodate you.

Smoking Non-Smoking One Bed Two Beds Other/Specify: _____

OCCUPANTS - Each person, in addition to the name mentioned above, who will be in this room.

Occupant 1: _____

Occupant 2: _____

*Any reservation request received after **March 3, 2003** will be subjected to a space available basis only.*

In case of emergency, contact: _____ Phone/fax/email: _____

INSTRUCTIONS FOR PAYMENT OF HOTEL RESERVATION FEES

METHOD OF PAYMENT:

Please note: In order to process your hotel reservation, you **MUST** include credit card information. If you do not supply this information, we will not be able to process your reservation with the hotel.

Visa MasterCard American Express Diners' Club

Card Number _____ Exp. Date _____

Print name as it appears on Credit Car _____

Authorized Signature _____

RESERVATIONS: All reservations are being coordinated through IEEE Conference Management Services. To reserve a room, use the above hotel reservation form. All reservation forms **MUST BE SENT TO THE ADDRESS BELOW AND RECEIVED NO LATER THAN March 3, 2003.**

CHANGES IN RESERVATIONS: All changes/cancellations in reservations **MUST** be requested in writing (fax/email) to IEEE CMS.

CONFIRMATIONS: An email or fax will be sent to you by CMS.

Please Return Completed Form To: Diana Krynski, c/o IEEE Conference Management Services, 445 Hoes Lane, Piscataway, NJ 08855, USA. Tel: +1 732 981 3414 Fax: +1 732 465 6447 email: d.krynski@ieee.org