

90TH ANNUAL MEETING, SCIENTIFIC SESSIONS AND EXHIBITION

Business Sessions: September 16-19, 2008 ❖ Scientific Sessions: September 17-20, 2008 ❖ Exhibition: September 18-20, 2008

APPLICATION DEADLINE: July 31, 2008

INSTRUCTIONS: Please complete this form in its entirety to ensure speedy processing. All hotels require a credit card deposit of \$250 to hold your room. **DO NOT SEND DUPLICATE FORMS.** If sharing room(s), designate one person to send request. Be sure to include your e-mail address.

Photocopy this form if more than one room is required. Please do not request multiple rooms on one form.

SUBMIT COMPLETED FORM BY MAIL:

AAOMS/EXPERIENT
108 Wilmot Road
Suite 400
Deerfield, IL 60015-5124

BY FAX: 800/521-6017 (US/Canada) OR 847/940-2386

BY PHONE: 800/974-9833 (US/Canada) OR 847/282-2529

Confirmation will be sent from EXPERIENT by e-mail, fax or mail. Do not expect a confirmation from the hotel.

SEND CONFIRMATION TO (PLEASE PRINT OR TYPE):

Last Name (of person requesting rooms and confirmation): _____ First Name: _____

Name of Company or Firm: _____

Street Address or P.O. Box Number: _____

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

Phone: _____ Fax: _____

E-mail Address*(print clearly): _____

* Confirmations will be sent by e-mail, if e-mail address is provided

OCCUPANT(S) (PRINT LAST NAME FIRST)

Please do not duplicate. If sharing a room, designate one person to send request.

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

HOTEL CHOICES

Please print name of hotel as listed under the hotel rates and features on pages 94-95.

ARRIVAL DAY/DATE _____ **DEPARTURE DAY/DATE** _____

1. _____
2. _____
3. _____

SELECT ROOM PREFERENCE

Bedding requests are based on availability. Every effort will be made to accommodate requests.

- | | |
|---|--------------------------------|
| <input type="radio"/> Single (1 person) | <input type="radio"/> One bed |
| <input type="radio"/> Double (2 people) | <input type="radio"/> Two beds |
| <input type="radio"/> Triple (3 people) | |
| <input type="radio"/> Quad (4 people) | |
| <input type="radio"/> Requires handicap room (circle one) | |
| Mobility | Hearing Impaired |
| | Visually Impaired |

IMPORTANT NOTES

- Rooms are assigned on a first-come, first-served basis and room availability for your arrival/departure dates.
- Photocopy this form if more than one room is required. Please do not request multiple rooms on one form.
- Experient will send a confirmation within 10 business days of receipt.
- All changes and/or cancellations prior to August 12, 2008 must be made through Experient. Starting August 15, 2008 contact the hotels directly. Deposits will be forfeited for reservations cancelled within 72 hours of arrival date.

PAYMENT INFORMATION

Credit cards must be valid through September, 2008, and will be charged immediately.

- Please charge \$250 hotel reservation deposit to my credit card: Visa Amex MasterCard Discover
- Enclosed is a check for \$250 (drawn on US bank in US dollars): Check # _____

Card Number _____ Expiration Date _____

Cardholder's Name _____

Cardholder's signature _____ Date _____