

# Housing Reservation Form

## Instructions

Reservations can be made by choosing one of the following methods:

**Online:** [www.AARC.org](http://www.AARC.org)

**Phone:** 800-424-5250 or 847-996-5880,  
M-F 8 am – 5 pm Central Time

**Fax:** (888) 772-1888 (USA) or  
(301) 694-5124 (International)  
**One room request per form**

**Mail:** AARC Housing Bureau  
P.O. Box 4088  
Frederick, MD 21705-4088  
**One room request per form**

### Deadlines

To receive the special Congress rates book your reservations through the AARC Housing Bureau by **Tuesday, Oct 16, 2012**. Though reservations can be booked after Oct 16, 2012, AARC cannot guarantee discounted rates and availability at the conference hotels. **Do not send the housing form to the AARC Executive Office or individual conference hotels; it will delay processing your request.**

### Confirmations

Confirmations will be sent after each reservation booking, modification, or cancellation. Review it carefully for accuracy. If you do not receive a confirmation via e-mail within 5 business days after any transaction, please contact the Housing Bureau via the fax number above or e-mail [AARC@experient-inc.com](mailto:AARC@experient-inc.com). You will not receive a written confirmation from the hotel.

### Guarantee

All hotels require a credit card guarantee of one night's room and tax with each reservation request. Housing forms received without a valid credit card will be returned without being processed. Credit cards must be valid through Nov 30, 2012 in order to be considered a proper guarantee. **NO CASH OR CHECK DEPOSITS ARE ACCEPTED.** If you need assistance with setting up special billing, please send e-mail to [AARC@experient-inc.com](mailto:AARC@experient-inc.com).

### Changes/Cancellation

Please contact the AARC Housing Bureau with new reservations, changes or cancellations through October 16, 2012. No changes or cancellations can be made between Oct 17 and Oct 21 while the reservations are transferred to the hotels. Starting October 22, direct all changes to the designated hotel.

Any cancellation received less than 72 hours from date of arrival is subject to one night's room and tax penalty charged by your confirmed hotel.

Your confirmed hotel may assess an early departure fee for departure date changes after check-in.

**MAKE A COPY OF THIS FORM  
FOR YOURSELF**

**Arrival Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Departure Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Hotel Selection:** (Please number the hotels in order of preference)

____ JW Marriott New Orleans – Co-Headqtrs	____ Staybridge Suites New Orleans
____ New Orleans Marriott – Co-Headqtrs	____ Astor Crowne Plaza
____ Courtyard Convention Center	____ The Whitney Wyndham Hotel
____ Courtyard Downtown St. Charles	
____ Embassy Suites New Orleans	
____ Hilton Garden Inn Convention Center	
____ Hyatt Place Convention Center	
____ Marriott Convention Center	
____ Renaissance Arts	
____ Residence Inn at the Convention Center	
____ SpringHill Suites	



The 58th International Respiratory  
Convention & Exhibition

Reservations will be processed on a first come, first served basis. If all hotels are unavailable, comparable reservations will be made at another participating hotel.

Please process this reservation according to (please check one):

- ☐ Comparable room rate
- ☐ Proximity to conference site
- ☐ Do not process this reservation and advise of alternatives

### Check one:

Attendee: \_\_\_\_\_ Exhibitor: \_\_\_\_\_

**Access Code** (required to process your reservation): \_\_\_\_\_

**Room Type:** (required)

Number of people in room: \_\_\_\_\_ Number of beds in room (one or two): \_\_\_\_\_

**Special Requests:** \_\_\_\_ ADA \_\_\_\_ Other: \_\_\_\_\_

**All Marriott brand hotels are smoke free. Hotels will assign specific room types upon check in, based upon availability. Requests are not guaranteed.**

**List all occupants in room:** (include yourself)

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

**Hotel Rewards #:** \_\_\_\_\_

### Send Confirmation to: (Fill out this portion completely)

Last: \_\_\_\_\_ First: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Payment Information:** All hotels require a valid credit card guarantee of one night's room and tax with each reservation request. Credit cards must be valid through Nov 30, 2012.

### Type of Card:

\_\_\_\_ American Express \_\_\_\_ Visa \_\_\_\_ Discover  
\_\_\_\_ MasterCard \_\_\_\_ Other \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Exp. Date:** \_\_\_\_\_

**Card Holder Name (Print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_