



International Respiratory Congress
AARC 2010 • Las Vegas, Nevada

Hotel Reservation

Deadline for receipt is November 4, 2010

Meeting Dates
 December 6-9, 2010 (Monday–Thursday)

Las Vegas Hilton rates:
Classic Room – \$129 US
Premium Room – \$139 US
Resort Club Room – \$179 US
All rates are + 12% tax, single/double occupancy per night

Please read instructions thoroughly before completing form. Type or Print clearly.

FOR ADDITIONAL RESERVATIONS
 PLEASE DUPLICATE THIS FORM.

FOUR WAYS TO MAKE RESERVATIONS

Reservations request must be received by November 4, 2010



Make your hotel reservation on the internet at
[www.aarc.org/education/meetings/
 congress/advance_program/site.cfm](http://www.aarc.org/education/meetings/congress/advance_program/site.cfm)



Call 800-635-7711 toll free or 702-732-5301 to make a reservation over the phone. Refer to Group Code SARC0R. Have this form handy when speaking to the reservation agent.



Complete this form and fax to 702-732-5805,
 ATTN: Sam or Mike,
 Convention Reservations Dept.



Complete this form and mail to
 Convention Reservations
 Las Vegas Hilton
 3000 Paradise Rd
 Las Vegas, NV 89109-1287
 Make check payable to Las Vegas Hilton.

- To check for room availability after November 4, call 800-635-7711 toll free or 702-732-5301.
- Each reservation must have an occupant's name.
- If your cancellation is received in writing a minimum of two week prior to arrival date your full deposit will be credited. Cancellations received less than 14 days prior to arrival will be assessed one night room and tax. Failure to register at the hotel on your confirmed date will result in the loss of your deposit. The hotel will assess an early departure fee for departure date changes at check-in.

INSTRUCTIONS

To make a reservation at the Las Vegas Hilton, the convention headquarters hotel, please provide ALL requested information. TYPE or PRINT LEGIBLY.

Name _____
 Company _____
 Mailing Address _____
 City _____ State _____
 Zip/PostalCode _____ Country _____
 Phone _____

OCCUPANTS / ROOM / ROOM TYPE

Room	C (Classic Room)	P (Premium Room)	R (Resort Club Room)
Room Type	S (1 person/1bed)	DBL (2 persons/1 bed)	DBL/DBL (2 persons/2 beds)

Occupant Name	Room/ Room Type	Arrival Date	Depart Date	Number of nights
Room #1 _____	_____ / _____	_____	_____	_____
Share with _____				
Room #2 _____	_____ / _____	_____	_____	_____
Share with _____				
Room #3 _____	_____ / _____	_____	_____	_____
Share with _____				
Room #4 _____	_____ / _____	_____	_____	_____
Share with _____				

ROOM REQUESTS

Requests will be honored based on availability but are not guaranteed.

Non-Smoking _____ Handicapped equipped _____ Other _____

RESERVATION GUARANTEE

I authorize the hotel to charge my account for only the first night's deposit (requested room rate + 12%) for each reservation.

Check one box only. Deposit will be charged to your card immediately.

American Express Visa MasterCard Discover Diners Club

Credit Card # _____ Expiration Date _____

Name on Card _____

Signature _____

SEND ACKNOWLEDGEMENT TO:

- E-mail: _____
- OR
- Fax: _____
- OR
- Mail to address above