



2009 International Microwave Symposium

7-12 June, Boston Massachusetts Convention Center
IEEE Microwave Theory and Techniques Society



ATTENDEE
HOUSING
FORM

MTT-S • ARFTG • RFIC

All reservation requests must be received by 5 May 2009.

Changes to existing reservations may be made through the housing bureau in writing until 5 May 2009. Phone reservation requests will not be accepted.

Online
www.ims2009.org

Fax
732-297-0878

Mail
IEEE IMS2009 Housing
P.O. Box 29, Milltown, NJ 08850

INSTRUCTIONS AND HOUSING BUREAU POLICES

1. Please print or type all information. Unreadable forms cannot be processed.
2. Housing confirmations will be sent via e-mail after each reservation booking, change or cancellation.
3. All rates are per room per night and do not include state and local taxes.
4. Room type and special requests are not guaranteed, and are based on availability. Room types are assigned at check-in time with each hotel.
5. A credit card number for guarantee is required. A deposit equal to the room rate for one night is required for each reservation.
6. Reservations without a valid credit card will be canceled.
7. Changes after 15 May 2009 must be made with the individual hotels.
8. A valid government ID is required at check-in for government rated rooms.
9. Requests for blocks of rooms without named occupants will not be accepted.
10. Multiple room reservations require a detailed list of names, arrival and departure information, contact information and payment information in the form of a 'rooming list' which must be attached to this form.
11. Cancellations made after 5 May 2009 will be charged a \$25 processing fee
12. For questions please call 732-297-5012 or e-mail ims2009@flyevents.net

HOUSING RESERVATION INFORMATION

First and Last Name _____

E-Mail Address _____

Company _____

Address _____

City _____ State _____ Zip Code _____

Country _____ Daytime Phone # _____ FAX # _____

Credit Card Type (circle) MasterCard Visa Amex Discover

Cardholder Name (As it appears on the card) _____

Cardholder Signature (REQUIRED) _____

Card # _____ Exp. Date (after 6/30/09) _____

Hotel names, locations and rates are on the reverse side of this form. Please list a minimum of three choices.

First Choice _____ Second Choice _____ Third Choice _____

Arrival Date _____ Departure Date _____

If hotel choice is not available, which is most important: Rate ___ or Location ___ (Please select one)

Special requests (circle all requested) – All hotel rooms in Boston are non-smoking rooms

Government Rate King Bed Two Beds Wheelchair Accessible

Other requests _____

If more than one room is required, attach a list providing the occupants names and the above information for each additional room.