

ISMRM 14th Scientific Meeting & Exhibition
6-12 May 2006
Washington State Convention & Trade Center
Seattle, Washington



Early booking is strongly advised to ensure best hotel selection. Hotel reservations will be assigned on a first-come, first-served basis based on availability. Rates shown in US Dollars are per night, per room and do not include 15.6% state and local taxes. After **23 March 2006** the convention rate may not apply.

1 _____
 First Name Last Name

 Institution/Company

 Address

 City State/Province Zip/Postal Code

 Country E-Mail

 Phone Fax

2 Hotel Preference: 1. _____ 2. _____

3 Arrival Date Departure Date Number of Nights Room Type:

 Sharing Party: (If sharing a room, enter full name of sharing party below)

 First Name Last Name
 S = Single (1 person, 1 bed)
 D = Double (2 people, 1 bed)
 DD = Double/Double (2 beds)

Reservation Changes: Any change in arrival or departure, room type or reservation cancellation must be made through CHM. After 23 March 2006, name changes and changes to date of arrival and/or departure are subject to availability within the ISMRM block and entirely at the discretion of the hotel.

Early Departure Fees: Some hotels impose a penalty for early check-outs. This policy is entirely at the discretion of the hotel and the amount of the fee varies by hotel. To avoid a penalty, make your changes as early as possible, or notify the hotel of any change in your date of departure at time of check-in.

Please note: If your deposit of one night's stay plus tax is made by credit card, the hotel will charge your credit card account approximately eight weeks before the start of the meeting. If the hotel does not debit the card you will be charged for each night of your stay upon check-out.

If you require special accommodations please contact CHM at 1-800-422-8996

4 A deposit in US Dollars of one night's room rate plus tax is required to hold your reservation. Payment may be made by check deposit, credit card, or by wire transfer in US funds (Contact CHM for routing number). Do not send check deposit until after you receive confirmation of hotel assignment from CHM.

Card Type: Visa Mastercard American Express Diners Club _____
 Credit Card No: _____ Expiration Date: _____

Cardholder Name: _____ Signature: _____
 (Cardholder authorizes a deposit for one night's room rate plus applicable tax to be charged to the credit card provided above)

Convention Housing Management
 1700 The Alameda, 2nd Floor
 San Jose, California 95126
 USA

Call: 1-800-422-8996 (Toll-free within the U.S. and Canada)
 Tel: 1-408-918-4200 (Outside the U.S.)
 Fax: 1-408-918-4250
 Email: ismrm@chmrooms.com

