

# TECHNICAL EXHIBITOR HOUSING RESERVATION FORM

Use this form to make Housing Reservations. Submit by Friday, March 3, 2017 to be eligible for a 10% discount on total booth rental fee to be issued post-meeting. Please Note: Any requests for concierge accommodations should be directed via email at [meetings@asnr.org](mailto:meetings@asnr.org) or by fax at (630) 574-0661.

## HOUSING RESERVATION DEADLINES

### FRIDAY, MARCH 3, 2017

- Deadline for submitting Housing Reservation Forms (names required) to ASNR to be eligible for a 10% discount on the booth fee (all registered exhibitors must be within the ASNR housing block to qualify).
- Deadline for reducing the number of room nights reserved or cancelling a reservation to receive a complete refund of advance payment for nights not used.
- Deadline to submit housing reservation and name change requests to ensure correct submission to the Hyatt Regency Long Beach and Westin Long Beach Hotels. Name changes to hotel reservations not received at ASNR by Friday, March 17 will need to be made directly with the hotel after Friday, March 24.

## HOUSING RESERVATION INFORMATION

ASNR has contracted with the Hyatt Regency Long Beach and Westin Long Beach Hotels to provide accommodations for the ASNR 55<sup>th</sup> Annual Meeting exhibitors and attendees at a special conference rate.

| Hotel   | Rate Per Night | Advanced Room Rate Per Night* |
|---|----------------|-------------------------------|
| <b>Hyatt Regency Long Beach</b> (headquarters)  | \$224.00 USD   | \$261.00 USD                  |
| <b>Westin Long Beach</b> (overflow)   | \$224.00 USD   | \$259.00 USD                  |
| <b>What is included in the rate?</b> Daily complimentary in-room internet access, 24 hour health club admission, and outdoor pool entry |                |                               |

\*As of 11/1/16, total of 15.195 % tax per room/per night

## CONTACT INFORMATION (PLEASE TYPE OR PRINT CLEARLY)

**Company Contact Information:** Hotel confirmations will be sent to the pre-meeting company contact listed on this form unless otherwise specified.

### PRE-MEETING CONTACT NAME

Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

E-mail (Required) \_\_\_\_\_

Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

### ON-SITE CONTACT NAME (if different from [page 19](#))

Title \_\_\_\_\_

Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

Cell Phone (Required) ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail (Required) \_\_\_\_\_

## CANCELLATION POLICIES

- If housing reservations are cancelled before Friday, March 3 — Full Refund of Advance Payment\*
- If housing reservations are cancelled after Friday, March 3 — NO REFUND of Advance Payment
- Any reductions or total cancellations will result in a complete forfeiture of the applicable advance payment.

\* Refunds will be processed six (6) to eight (8) weeks after the Annual Meeting.

# TECHNICAL EXHIBITOR HOUSING RESERVATION FORM (CONTINUED)


Company \_\_\_\_\_

## INDIVIDUAL HOUSING RESERVATION (NAMES REQUIRED)

To make individual housing reservations this form must be submitted to ASNR no later than 5:00pm PST on **Friday, March 3, 2017**. This form may be copied for additional names.

| Representative Name | Arrival/Departure Dates | Hotel<br>H = Hyatt<br>W = Westin | Room Type*<br>S = Single<br>D = Double | Hyatt Gold<br>Passport # | Starwood<br>Preferred<br>Guest # |
|---------------------|-------------------------|----------------------------------|--|--------------------------|----------------------------------|
| 1.                  | ___/___ - ___/___       |                                  |  |                          |                                  |
| 2.                  | ___/___ - ___/___       |                                  |  |                          |                                  |
| 3.                  | ___/___ - ___/___       |                                  |  |                          |                                  |
| 4.                  | ___/___ - ___/___       |                                  |  |                          |                                  |
| 5.                  | ___/___ - ___/___       |                                  |  |                          |                                  |
| 6.                  | ___/___ - ___/___       |                                  |  |                          |                                  |
| 7.                  | ___/___ - ___/___       |                                  |  |                          |                                  |
| 8.                  | ___/___ - ___/___       |                                  |  |                          |                                  |
| 9.                  | ___/___ - ___/___       |                                  |  |                          |                                  |
| 10.                 | ___/___ - ___/___       |                                  |  |                          |                                  |

\*Hotel assignments on room type will be based on preferred exhibitor points and are not guaranteed.

 Check here if any representative requires special accommodations to fully participate in the meeting and an ASNR representative will contact you.

## PAYMENT INFORMATION

By signing or sending a check, I confirm that I have read and understand the ASNR Technical Exhibitor Housing and Registration policies and grant to the ASNR the right to use photos taken at the ASNR 55<sup>th</sup> Annual Meeting that include my company's booth and representatives in promotional materials for future meetings.

### CHECK:

Check # \_\_\_\_\_ Amount (U.S. funds only) \_\_\_\_\_

Please make checks payable to ASNR (U.S. funds only).

### CREDIT CARD:

VISA  MasterCard  American Express 





Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name on Card (Please Print) \_\_\_\_\_

Signature \_\_\_\_\_

### RETURN TO:

 American Society of Neuroradiology  
Attention: Meetings  
800 Enterprise Drive, Suite 205  
Oak Brook, IL 60523-4216 USA  
 **Phone:** (630) 574-0220, ext. 231  
 **Fax:** (630) 574-0661  
 **E-mail:** [meetings@asnr.org](mailto:meetings@asnr.org)