

# JOINT CONGRESS 2007 HOUSING FORM ROOMMATE ACCOMMODATIONS

PLEASE READ INSTRUCTION PAGE CAREFULLY BEFORE COMPLETING THIS FORM.

## Two Ways to Register:

 **Fax** completed form to (703) 964-1246 [jointcongresshousing@conferencemanagers.com](mailto:jointcongresshousing@conferencemanagers.com)

 **Mail** completed form to: Joint Congress 2007 Housing  
11260 Roger Bacon Drive, Suite 402, Reston, VA 20190 USA

**DEADLINE FOR CONGRESS HOUSING BUREAU TO RECEIVE YOUR ROOMMATE FORM:  
May 18, 2007**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Institution/Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Phone (include area code) \_\_\_\_\_ Fax (include area code) \_\_\_\_\_

E-mail (print legibly for this is the address where you will receive your confirmation) \_\_\_\_\_

**Special Needs:** If you have any special housing needs, please check this box. A housing representative will contact you by phone or e-mail.

**ARRIVAL DATE** Month \_\_\_\_\_ Day \_\_\_\_\_

Please select smoking preference:

**DEPARTURE DATE** Month \_\_\_\_\_ Day \_\_\_\_\_

SMOKING  NON-SMOKING

**\*Note: Room rates at the Chicago Hilton are \$169 double. Rates are per room per night and do not include 14.9% hotel tax. No meals are included in the room rates.**

## ROOMMATES

*(Please note: In order for us to match you with an appropriate roommate, you must provide all the information requested. Roommates will be matched to the best of ability based on information provided on this housing form. Please be advised that you are responsible for payment of the entire room rate, tax and incidentals should your assigned roommate's plans change.) I, \_\_\_\_\_, release the participating societies, Hachero-Hill, Inc, and all hotels from any and all liability arising from the assignment of a roommate. (You will not be assigned a roommate if you do not sign here)*

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

I do not have a roommate – please assign one to me I am  Male  Female  Smoker  Non-Smoker

**PAYMENT AUTHORIZATION:** Your room reservation must be guaranteed by completing this credit card authorization form

Visa  MasterCard  American Express  Discover  Diner's Club

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Full Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

