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  joointcongresshousing@conferencemangers.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.

(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 the 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 ☐ 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 ____________________