



Guest Information:

ISMICS Hotel Reservation Form

| | |
|----------------|---------------------------|
| Name: | Institution/Organization: |
| Address: | City/State/Zip: |
| Daytime Phone: | Fax: |
| E-Mail: | Marriott Rewards Number: |

Room Reservation Information:

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|---|
| Arrival Date (4:00 p.m. Check-In): |
| Departure Date (12:00 p.m. Check-Out): |
| # Adults: |
| # Children: |
| <input type="checkbox"/> Non-Smoking: please note the Marriott Copley is 100% non-smoking |
| <input type="checkbox"/> One Bed <input type="checkbox"/> Two Beds |
| <input type="checkbox"/> Room For One Person (\$299. ⁰⁰ USD) |
| <input type="checkbox"/> Room For Two Persons (\$319. ⁰⁰ USD) |
| <input type="checkbox"/> (additional persons in the room \$20. ⁰⁰ each) |
| <input type="checkbox"/> Please contact me regarding special needs. |
| Specials Requests (Upon Availability): |

The Reservations Office must receive all reservations by Tuesday, May 20, 2008.

The discounted group room rates quoted are offered on a space available basis until Tuesday, May 20, 2008. Reservations requested after this date will be subject to the hotel's prevailing rates. Room rates do not include 12.45% combined taxes.

A deposit must accompany all reservations, equal to the first and last night's stay. Should you wish to use a credit card for deposit, please complete the payment information below. If you would rather use a check or money order to secure your reservation, please mail this form along with payment to the address listed below. NOTE: only checks drawn on U.S. banks payable in USD are accepted.

**Attention: Group Housing
Marriott Copley Place
110 Huntington Avenue
Boston, Massachusetts 02116 USA**

North America
Phone: 800-228-9290
Fax: 617-587-5191

International
Phone: 1+ 617-236-5800
Fax: 1+ 617-587-5191

CANCELLATION: You must cancel no less than 7 days prior to your arrival date or the full deposit is forfeit. Partial cancellation made less than 7 days in advance (length of stay shortened) forfeits the last night of deposit.

Payment Information:

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| Credit Card Type: |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Credit Card Number: |
| Expiration Date: |
| Name As It Appears On Card: |
| Authorized Signature: |

Please fax completed form to 1+ 617-587-5191.