

AORN

Exhibitor Individual Housing

56th AORN Congress
Chicago, IL
March 15 - 19, 2009

Deadline for reservations: **January 15, 2009** •

Rates **do not** include local tax • Deposit is due at the time of reservation • For multiple room requests, duplicate the form prior to completion

ARRIVAL DATE: MARCH _____, 2009

HOTEL PREFERENCE (select three)

DEPARTURE DATE: MARCH _____, 2009

1. _____
2. _____
3. _____

Name of person in room

First Name M.I. Last Name

Name(s) of roommates: *(do not submit a separate request)*

First Name M.I. Last Name

Arrival date _____ Departure date _____

First Name M.I. Last Name

Arrival date _____ Departure date _____

Send confirmation to:

First Name M.I. Last Name

Company Name

Mailing Address

City

State

Postal Code/Zip Code

Province

Country

E-mail

Country Code

City Code

Work Area Code

Telephone

Ext.

Fax Area Code

Check here to be removed from hotel locator service kiosk listing at Congress

ROOM TYPE (select one)



Single

1 person, 1 bed



Double/Double

2 people, 2 beds



Triple

3 people, 2 beds



Double

2 people, 1 bed



Quad

4 people, 2 beds

Check all special requests that apply. Special requests cannot be guaranteed and are subject to availability at check-in.

Non-smoking

Smoking

High Floor

Low Floor

Wheelchair Accessible

DEPOSIT REQUIREMENTS

(deposits are due at the time reservation is made)

Guest Room \$200

Check VISA MasterCard AMEX Discover

(QBS is authorized to use this credit card to assess room deposit)

Credit Card Number

Exp. Date

Name as it appears on credit card

Signature _____

WAYS TO RESERVE YOUR HOTEL ROOM

Internet www.aorn.org/Congress
(credit cards only)

Mail QBS, 3110 S. Wadsworth Blvd.,
Suite 307, Denver, CO 80227
Make checks payable to QBS

Fax (303) 382-8066 (credit cards only)

Privacy Statement:

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