

AORN

Exhibitor Suite Housing

57th AORN Congress
Denver, CO
March 13 - 18, 2010

Deadline for reservations: **January 15, 2010** • 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 _____, 2010

DEPARTURE DATE: MARCH _____, 2010

Hotel Preference (select three)

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

ROOM TYPE (select one)

Type of Suite: Sleeping Hospitality **Number of Bedrooms:** One-bedroom Suite Two-bedroom Suite

Hospitality Requirements: Reception # of People _____ Meeting # of People _____

Expected Attendance: # of People _____

Setup: Conference Style Cocktail Rounds Banquet Reception

DEPOSIT REQUIREMENTS (deposits are due at the time reservation is made)

One-bedroom Suite \$400 Two-bedroom Suite \$600

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)

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