

Housing Reservation Form

The Society of Thoracic Surgeons

January 28, 2001 – Postgraduate Course

January 29 – 31, 2001 – Annual Meeting

Mail or fax Housing Form to:

STS HOUSING BUREAU

108 Wilmot Road, Suite 400

Deerfield, IL 60015-0825

FAX: 800-521-6017; 847-940-2386 (International)

TEL: 800-424-5250 (Domestic)

Hours of operation: 8:00am – 5:00pm CST

RESERVATIONS MUST BE RECEIVED AT THE HOUSING BUREAU BY DECEMBER 20, 2000. RATE OR ROOM AVAILABILITY CANNOT BE GUARANTEED AFTER THIS DATE.

Arrival Date		Departure Date	
Last Name		First Name	MI
Company			
Street Address			
City		State/Country	Zip/Postal Code
Daytime Phone		Fax	
E-mail		(confirmation will be sent via e-mail if address is provided)	

Non-Smoking Room Requested



Special Needs _____

INDICATE 1ST, 2ND AND 3RD HOTEL CHOICE AND TYPE OF ACCOMMODATION

HOTEL CHOICES

TYPE OF ACCOMMODATIONS (circle one)

1.	1 person/1bed	2 people/1 bed
2.	2 people/2 beds	3 people/2 beds
3.	4 people/2 beds	One bedroom suite
	Two bedroom suite	

If all three (3) requested hotels are unavailable, please process this reservation according to: (check one)

ROOM RATE

LOCATION

NAME(S) OF ALL ROOM OCCUPANTS

Please note that additional charges may apply to third or fourth person occupying the room

1. _____

2. _____

3. _____

4. _____

RESERVATIONS/DEPOSITS

All reservations are being coordinated by the STS Housing Bureau. Arrangements for housing must be made through the STS Housing Bureau and NOT with the hotel directly. All housing reservation forms must be received by Wednesday, December 20, 2000. Deposits: A \$150 per room deposit is required to make a reservation; a \$300 deposit is required for a one-bedroom suite and a \$450 deposit is required for a two-bedroom suite. The deposit amount is payable by credit card or check (mail only). **The credit card will be charged immediately.** If paying by check, mail your payment with this completed housing form. All checks must be made payable to the STS Housing Bureau in US funds drawn on a US bank. No wire transfers will be accepted.

Credit Card American Express MasterCard VISA Discover Diners

Account Number
Expiration Date
Card Holder Name
Authorized Signature

Please read all hotel information prior to completing and submitting this form to the STS Housing Bureau. Keep a copy of this form. Use one form per room required. Make additional copies if needed. Do not send this form to STS Headquarters, it will only delay your request.

CONFIRMATIONS

Hotel reservations are made on a first-come, first-serve basis. Confirmation will be mailed, faxed or e-mailed to you from the STS Housing Bureau once your reservation has been secured with a deposit. You will not receive a confirmation from your hotel. If you do not receive a confirmation from the STS Housing Bureau within 2 weeks, please call.

CHANGES/CANCELLATIONS

All changes and cancellations in hotel reservations must be made with the STS Housing Bureau on or before December 20, 2000 to avoid a \$16.00 processing fee. After December 20, 2000 and prior to 72 hours before arrival date, changes and cancellations must be made with your assigned hotel.

Your deposit will be refunded less a \$16.00 processing fee. Any cancellations made within 72 hours of the arrival date will result in forfeiture of the full