



EXHIBITOR HOUSING FORM

2010 Annual Meeting

October 30–November 1 * Atlanta, Georgia

Exhibitor Block Protected Until May 1

Exhibit Company Name: _____ Number of Booths: _____

TO RESERVE YOUR HOTEL ROOM:

1. Complete and send exhibit booth contract and deposit to Aislinn Jones, Director of Marketing and Exhibitions.
2. Complete this form and fax to Experient Registration and Housing by the May 1 deadline (see information below).
3. Please use the Exhibitor Registration form on the following pages to indicate all parties to be registered. Each registration beyond the two-per-booth allotment must be registered as a panel exhibitor to secure housing. The registration rate is \$135.
4. Please list a first, second, and third choice on the form below. Housing confirmation of rooms allotted by contract will be sent by the Experient Registration and Housing Bureau prior to May 1. Additional hotel rooms beyond the one-per-booth allotment must be reserved through the Annual Meeting reservation system.
5. Additional rooms requested that cannot be accommodated in the same hotel will be assigned to the closest available property.
6. Suites are available at the headquarters hotels. Please call 1-866-229-2386 or 1-301-694-5243 or e-mail aarhousing@experient-inc.com for suite requests.

RESERVATIONS

Exhibitors Must Use This Form to Reserve Rooms

FAX: +1-301-694-5124 (Faxing available 24 hours per day)

- Please print or type all information
- Complete EACH section in detail.
- Confirmations will be sent to the individual indicated prior to the General Housing open date.
- AAR is not responsible for faxes not received.

QUESTIONS? Call toll free +1-866-229-2386 (US & Canada) or +1-301-694-5243 (outside the US & Canada).

GUARANTEE

First night deposit required for each room reserved.

Credit Card: VISA MasterCard
 American Express Discover

Credit Card Number: _____ **Expiration Date:** _____ **CID #** _____

Cardholder's Name: _____ **Cardholder's Signature:** _____

SEND CONFIRMATION TO

Last Name: _____

First Name: _____

E-Mail: _____

Address: _____

City: _____

State: _____ Zip/Postal Code: _____

Country: _____

Phone: _____

Fax: _____

ROOM REQUEST Total Number of Rooms Requested: _____

	<i>Arrival/Departure</i>	<i># Beds</i>	<i>Smoking/Non</i>	<i>Preferred Hotel</i>
Room 1	_____	_____	_____	_____
	<i>Occupant Names</i> _____			
Room 2	_____	_____	_____	_____
	<i>Occupant Names</i> _____			
Room 3	_____	_____	_____	_____
	<i>Occupant Names</i> _____			
Room 4	_____	_____	_____	_____
	<i>Occupant Names</i> _____			

If more than four rooms, please attach additional information with original fax. For physically challenged accommodations, please include a note describing the nature of your physical limitations so appropriate accommodations can be provided.

FOR OFFICE USE ONLY	
_____ Exhibit contract received	_____ Number of booths
_____ Registrations per contract	_____ Rooms per contract

Fax exhibitor housing form to:
AAR Annual Meeting Exhibits
Experient Registration and Housing
2451 Enterprise Parkway East, Twinsburg, OH 44087
FAX: +1-301-694-5124



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Hotel rates do not include the local housing tax of 15%. Thus, a \$149 rate equals \$171.35 per night.

Hotel	Rates
Hyatt Regency Atlanta* 265 Peachtree St Atlanta, GA 30303-1294	\$149 single \$169 double \$179 triple \$189 quad
Atlanta Marriott Marquis 265 Peachtree Center Ave NE Atlanta, GA 30303	\$149 single \$169 double \$179 triple \$189 quad

* Exhibitor Hotel