



## Exhibitor Room Block Form

### CONTACT INFORMATION

First Name \_\_\_\_\_ M.I. \_\_\_\_ Last Name \_\_\_\_\_  
 E-mail Address \_\_\_\_\_  
 Daytime Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Exhibiting Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Province \_\_\_\_\_  
 Zip/Postal Code, Country \_\_\_\_\_

### ROOM BLOCK RESERVATION

Date	# Rooms	Single/Double
July 31, 2013		
August 1, 2013		
August 2, 2013		
August 3, 2013		
August 4, 2013		
August 5, 2013		
August 6, 2013		
August 7, 2013		
August 8, 2013		

Please complete the number of rooms on a nightly basis. Room block requests are processed on a first come, first-served basis.

A first night's room and tax deposit or major credit card number is required to secure each room.

**Special Needs:**



### INSTRUCTIONS

**To Block Sleeping Rooms:** Orchid Event Solutions will hold room blocks with a deposit. Personnel names with final arrival/departure dates are due in writing no later than **June 18, 2013**. This is a strict deadline, and room blocks will be released if names are not supplied by this date. **Require 5 or fewer sleeping rooms?** You may prefer to make individual housing reservations on-line at [www.aapm.org/meetings/2013AM/](http://www.aapm.org/meetings/2013AM/).

Only fully completed forms will be accepted at Orchid Event Solutions, LLC. **Please make copies of form as needed.**

**PHONE: 888-505-4486**  
Hours: 7:00am-6:00pm MST, Mon-Fri.

**FAX: 801-355-0250**  
**Do not mail after faxing.**

**MAIL:**  
175 South West Temple, Suite 140  
Salt Lake City, UT 84101

### ACKNOWLEDGMENTS

Orchid Event Solutions will send you an acknowledgment of your reservation. Please review all information for accuracy. If you do not receive your acknowledgment within 3 to 5 days or have questions regarding your reservation, please contact Orchid Event Solutions at 888-505-4486 or email [help@orchideventsolutions.com](mailto:help@orchideventsolutions.com). **You will not receive a confirmation from the hotel.**

### ROOM RATES/TAXES

To take advantage of the special AAPM meeting rates, please submit your request for an exhibitor room block as soon as possible.

All rates are per room and are subject to 16% tax (subject to change).

Special requests cannot be guaranteed, however hotels will do their best to honor all requests. Hotels will assign specific room types upon check-in, based on availability.

### DEPOSITS

A deposit of first night's room and tax in the form of a valid credit card guarantee is required to secure each room.

### CANCELLATIONS POLICY

Reservations cancelled after July 9, 2013 will be subject to a \$25.00 processing fee. Cancellations within 48 hours prior to the day of arrival will forfeit their entire deposit. (Credit Cards will only be charged if cancelled within the penalty period). Early departures are subject to penalty fees set by the hotel. A charge of first night's room and tax will be applied and/or forfeited if you do not cancel or do not arrive (no-show).

### Rank preference

Rates listed in US dollars

_____ J.W. Marriott (AAPM HQ)	\$199 Single or Double <b>(limited block: 10 rooms)</b>
_____ Marriott Downtown	\$194 Single or Double
_____ Westin Indianapolis	\$189 Single or Double
_____ Hyatt Regency	\$174 Single or Double
_____ Courtyard Downtown	\$174 Single or Double
_____ Springhill Suites Downtown	\$164 Single or Double
_____ Omni Severin	\$154 Single or Double
_____ Fairfield Inn & Suites	\$154 Single or Double

**To request a suite, please contact [mike@housingregisration.com](mailto:mike@housingregisration.com) or call 801-505-4112.**

### SUBMIT PERSONNEL LIST NO LATER THAN JUNE 18

Final personnel list, to include the same information as above, per individual, is due **by June 18**.

### DEPOSIT INFORMATION

All reservations requests must be guaranteed. Credit cards will not be charged prior to the arrival date. Room Block Forms received without a valid credit card will not be processed. Please be advised that the credit card must be valid through the dates of the convention or your reservation will not be processed.

American Express     Discover     Visa     MasterCard     Diner's Club

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

Cardholder's Signature\* \_\_\_\_\_

**\* Necessary to process reservation**

### CHANGES/CANCELLATIONS

Reservations may be changed or cancelled through Orchid Event Solutions until July 25, 2013. Do not contact the hotels directly until after July 26, 2013.