

# ILAM Housing Reservation Form

Institute for Laboratory Animal Management • May 4–8, 2008 • Memphis, TN

Please check one:

- Fogelman Center: One queen bed per room.
  - Single—\$180.50\*
  - Two members in room—\$131.22\* per person
  
- Holiday Inn: Rooms are suites with a sofa sleeper in the living room and either a king bed or two double beds in the bedroom. NOTE: No additional charge for a spouse not participating in any ILAM activities.
  - Single—\$196.73\*
  - Two members in room—\$139.33 per person
  - Three members in room—\$120.20\* per person
  - Four members in room—\$110.64\* per person

\*This price includes lodging, breaks, and meals. (Room service is not included in package). Rates include all applicable taxes. Rooms will be handled on a first-come, first-served basis. Please be sure you list the hotel (Fogelman Center or Holiday Inn) for your room reservation.

## HOUSING INSTRUCTIONS

1. Housing reservation cannot be made until your ILAM confirmation letter is received!
  2. Housing Forms must be received at either location by Thursday, March 20, 2008.
  3. To ensure that your request is handled quickly and efficiently, please print or type all information requested and complete the form in its entirety. Be sure to include your address and day telephone number on the form.
  4. Telephone and fax reservations will be accepted with payment of credit card only.
  5. Rooms are assigned on a first-come, first-served available basis as received by either location.
  6. For double occupancy, both roommates must have names listed on their respective Housing Form.
- Hotel **WILL NOT** assign roommates! If requesting double occupancy and you do not have a roommate listed on your form, you will be charged the single room rate.
7. After March 20, 2008, room availability cannot be guaranteed. Room rates for reservations made after this date are subject to change.
  8. Guaranteed room reservations are required. With your Housing Form, please include a major credit card number or a check (make payable to WCCG [Wilson Conference Center Group]) for the total amount of room charges. *Any incidental expenses that are charged to your room must be paid prior to check out.*
  9. Contact the hotel of your choice with questions regarding your reservation: Fogelman Center—(901) 678-5410; Holiday Inn—(901) 678-8200.

## ARRIVAL INFORMATION

Flight Arrival Date: \_\_\_\_\_ Time: \_\_\_\_\_ Airline & Flight #: \_\_\_\_\_  
Roommate's Flight Departure Date: \_\_\_\_\_ Time: \_\_\_\_\_ Airline & Flight #: \_\_\_\_\_  
Flight Departure and Date: \_\_\_\_\_ Time: \_\_\_\_\_ Airline & Flight #: \_\_\_\_\_  
Roommate's Flight Departure and Date: \_\_\_\_\_ Time: \_\_\_\_\_ Airline & Flight #: \_\_\_\_\_

If requesting double occupancy, provide name of roommate:

\_\_\_\_\_

## ROOM TYPE REQUESTED

Single     Double     Smoking     Non-Smoking

## GUARANTEE PAYMENT METHOD

Credit Card Co. \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Card No. \_\_\_\_\_  
Signature: \_\_\_\_\_  
Check No. \_\_\_\_\_ Amt. \_\_\_\_\_  
Do you have any physical disabilities of which the hotel should be aware?

## CONFIRM RESERVATION TO (Only one confirmation will be sent.)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Company: \_\_\_\_\_ E-mail: \_\_\_\_\_

## ROOMMATE'S GUARANTEE PAYMENT METHOD

Credit Card Co. \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Card No. \_\_\_\_\_  
Signature: \_\_\_\_\_  
Check No. \_\_\_\_\_ Amt. \_\_\_\_\_  
Do you have any physical disabilities of which the hotel should be aware?

Return this form PRIOR TO MARCH 20, 2008 to: Attn: Katie McDowell  
Fogelman Executive Conference Center & Holiday Inn University of Memphis  
330 Innovation Dr  
Memphis, TN 38152  
Fax: (901) 678-5329