

# ILAM Housing Reservation Form

Institute for Laboratory Animal Management • May 2–6, 2010 • Memphis, TN

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Please check one:

- Fogelman Center: One queen bed per room.
  - Single—\$187.05\*
  - Two members in room—\$137.78\* 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—\$214.88\*
  - Two members in room—\$151.69 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 19, 2010.
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 19, 2010, room availability cannot be guaranteed. Room rates for reservations made after this date are subject to change.
8. Contact the hotel of your choice with questions regarding your reservation: Fogelman Center (901) 678-5410; Holiday Inn (901) 678-8200.
9. No-shows: If you are a “no show,” your credit card will be charged for the first night’s stay.

## 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 #: \_\_\_\_\_

## ROOM TYPE REQUESTED

- Single     Double     Smoking     Non-Smoking

If requesting double occupancy, provide name of roommate:

\_\_\_\_\_

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

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

## GUARANTEE METHOD

Guaranteed room reservations for the first night are required. List credit card payment to be used for charges. Credit card will not be charged until checkout.

If you prefer to pay the total amount of room charges when making your reservation, include a major credit card number or a check (make payable to WCCG [Wilson Conference Center Group]) for the total amount of room charges with your housing form.

If using a company credit card, contact the hotel to request a credit card authorization form. This authorization form must be completed and faxed to the hotel; the hotel will not be able to charge the company card without this form.

*Any incidental expenses that are charged to your room must be paid prior to check out.*

### Guarantee Method *(Do not use debit card.)*

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

### Roommate’s Guarantee Method *(Do not use debit card.)*

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

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Return this form PRIOR TO MARCH 19, 2010 to: Attn: Dana Ashley  
Fogelman Executive Conference Center & Holiday Inn University of Memphis  
330 Innovation Dr  
Memphis, TN 38152  
Fax: (901) 678-5329