

TO ARRANGE HOTEL ACCOMMODATIONS, YOU MUST BE REGISTERED FOR THE MEETING.

Please print or type. Please return this form with your meeting registration. If an email address is provided, confirmations will be sent via email.

ATTENDEE INFORMATION (required)

FIRST NAME	LAST NAME	
TITLE		
COMPANY		
ADDRESS 1		
ADDRESS 2		
CITY	STATE	ZIP CODE
REGISTRANT'S TELEPHONE	FAX	
REGISTRANT'S EMAIL ADDRESS		
ADMINISTRATIVE ASSISTANT'S EMAIL ADDRESS (OPTIONAL)		
SHARING ROOM WITH (INCLUDE AGES IF UNDER 19)		

HOTEL INFORMATION

- Grand Hyatt San Diego \$259 single occupancy/\$284 double occupancy
- San Diego Marriott Hotel & Marina \$259 single/double occupancy
- Arrival Date: April _____, 2010 Departure Date: April _____, 2010
- Occupancy of Room: [please check one] Single Double Other _____
- ADA Requests: [please check all that apply] Mobile Audio Visual
- Special Requests: [Based on availability. Special requests will be made on your behalf, but cannot be guaranteed. Non-smoking room, double/double beds, cribs, etc.]
- _____
- _____

METHOD OF PAYMENT (All reservations require a room deposit equal to one night's stay in addition to the registration fee.)

- Check made payable to Experient/AMCP for \$ _____ (in U.S. funds drawn on a U.S. bank)
- Charge my credit card Visa MasterCard American Express Discover

CARD NUMBER _____ EXPIRATION DATE (MONTH/YEAR) _____

CARDHOLDER PRINTED NAME (AS IT APPEARS ON YOUR CARD) _____

CARDHOLDER SIGNATURE _____

Please print or type and return one form per room. You may duplicate this form.

INTERNET ■ Make your hotel reservations online through the AMCP website at www.amcp.org. A credit card deposit is required to confirm your hotel reservation. See 'Method of Payment' below.

FAX ■ When payment is by credit card, you may complete this form and fax it to Experient. All arrangements will be confirmed in writing. The fax numbers are: **800/521-6017** or **847/996-5401**. A credit card room deposit equal to one night's stay is required to confirm your hotel reservation. Please note that your credit card will be charged when this form is submitted to Experient.

MAIL ■ Simply complete this form and return it to Experient with the appropriate room deposit, or credit card to be charged. See 'Method of Payment' below. Please note that your credit card will be charged when this form is submitted to confirm your room reservation. All arrangements will be confirmed in writing. If an email address is provided, confirmations will be sent via email.

**Experient/AMCP
568 Atrium Drive
Vernon Hills, IL 60061-1731**

IMPORTANT HOUSING NOTES ■

Submission of this form indicates your acceptance of the following housing terms:

- You must be a confirmed registrant to obtain housing under AMCP's block.
- All reservations require a room deposit equal to one night's stay. Please note that your credit card will be charged when this form is submitted to confirm your room reservation.
- In the event that you decide to depart earlier than confirmed at the time you check-in, you will be charged a \$50 early departure fee by the hotel.
- All new reservations should be made directly with Experient **by 5:00 pm CST Friday, March 5, 2010**. After March 5, you may continue to contact Experient for reservation changes, cancel requests or new reservations (based on availability) **until 5:00 pm CST Thursday, March 18, 2010. You can begin contacting hotels directly for all reservation needs starting Wednesday, March 24, 2010. Room cancellations must occur by Thursday, March 18, 2010.** Failure to cancel within the appropriate time frame will result in forfeiture of your entire one night's room deposit.
- When cancelling a reservation by telephone with the hotel, record the date, cancellation number, and the name of the person accepting the cancellation.