

HOTEL ROOM RESERVATION FORM (Not Conference Registration)

RESERVE SUITES ONLINE ONLY

Read the housing instructions first. All reservations must be guaranteed by a credit card.

ALLIED SOCIAL SCIENCE ASSOCIATIONS
2017 ANNUAL MEETINGS
JANUARY 6-8 (Friday, Saturday & Sunday)
CHICAGO, IL

DEADLINE TO MAKE RESERVATIONS
AT THE CONVENTION RATE IS
DECEMBER 3rd
(See the housing instructions before booking)

ENTER YOUR REQUIRED ASSA REGISTRATION ID # _____ Each room request requires a different number.

Once you register you will receive an email confirmation with your five digit registration ID number.
 This number is required to book a hotel room or suite. Read the housing instructions before trying to book a room.

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| INTERNET Submit it directly using the interactive site http://www.vanderbilt.edu/AEA | FAX 24 Hours 888-772-1888 International fax 301-694-5124 | PHONE 8 a.m.—5.p.m. CT 800-967-8852 International phone 847-996-5832 | MAIL Send completed form to: Experient Housing (ASSA) P.O. Box 4088 Frederick, MD 21705 |
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SEND CONFIRMATION TO:

LAST _____ FIRST _____ MI _____

EMAIL ADDRESS _____

FAX _____ DAYTIME
 PHONE _____

UNIVERSITY/AFFILIATION (if applicable) _____

ADDRESS _____

CITY/STATE/PROVINCE _____

ZIP/POSTAL CODE, COUNTRY _____

ROOM REQUIREMENTS (Must Reserve Suites Online)

Please Use One Form Per Room, Make Copies as Needed

ARRIVAL DATE _____ DEPARTURE DATE _____

HOTEL PREFERENCE:
 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____

NUMBER OF PEOPLE TO OCCUPY ROOM _____ NUMBER OF BEDS REQUESTED IN ROOM _____

LIST ALL ROOM OCCUPANTS: (List ages of children)
 1 _____ 2 _____ 3 _____ 4 _____

CREDIT CARD GUARANTEE

All reservations must be guaranteed by a credit card. Housing forms received without credit card information will not be processed. Fill out the credit card information entirely. Credit card must be valid through January 2017. Suites must be reserved online. See housing instructions regarding cancellations.

American Express MasterCard Visa Discover

ACCOUNT NUMBER _____ Expiration Date ____/____

NAME OF CARD HOLDER _____

SIGNATURE _____