EXHIBITOR HOUSING FORM

2009 Joint Meeting of the Society for Neuro-Oncology and the AANS/CNS Section on Tumors
Hilton New Orleans Riverside ● New Orleans, Louisiana
October 22-24, 2009

Deadline: August 27, 2009

Housing Guidelines

- All reservations with must be submitted with a $250.00 per room deposit by August 27.
- Changes through J. Spargo can be made until September 17 at 5:00 PM EST. Beginning on September 30, changes or cancellations must be made directly with the hotel.
- Exhibitor housing reservations may be made online at www.cns.org. (Your on-line user name and password is provided via e-mail from J. Spargo). Housing requests may also be faxed or mailed to J. Spargo using this form.
- All exhibitors are required to book housing directly through the official housing bureau, J. Spargo.

Please type or print neatly all information below. Read the instructions before completing. Confirmation will be sent directly from J. Spargo to the contact listed below. **If you do not receive a confirmation via e-mail or fax within 15 days of making your request, please contact J. Spargo.**

Contact Name: _____ Date: _____

Company: _____ E-mail: _____

Address: _____

City: _____ State/Country: _____ Zip/Postal Code: _____ +4 _____

Daytime Phone: _____ Ext.: _____ Fax: _____
(If international phone number, please include country codes.)

Hilton Riverside **Single:** $ 260.00 **Double:** $ 280.00 Number of Rooms: ____

NOTE: Hotel rate does not include applicable sales tax of 13%. A small portion of your room rate will be used to help defray the cost of housing and registration services. Please complete both sides of this form and make a copy for your records.

DEPOSIT/AUTHORIZATION:
Important Note: Requests received without a deposit will not be processed. Please review specific deposit requirements for room reservations.

Room deposit refundable until August 27.

_____ Rooms (single or double) x $250.00 = $ _____

For suite availability contact Joint Meeting Housing Center by e-mail at cns@jspargo.com.

❒ Hotel deposit: $250.00 per room

❒ **Checks should be made out in US Funds to 2009 Joint Meeting of the Society for Neuro-Oncology and the AANS/CNS Section on Tumors Registration and Housing Center.**

❒ Please charge my hotel deposit to the card listed below.
❒Visa ❒MasterCard ❒AMEX

Credit Card #: Exp. Date:_____

Name on Card: _____
(Please print name)
Billing Address:_____

_____

Signature: _____

Date: _____

Deposits for reserved rooms will be refundable until deadline date of August 27.

Changes through J. Spargo can be made until September 17 at 5:00 PM EST.

Beginning September 30, changes or cancellations must be made directly with the hotel(s).

Return this completed form to:

2009 Joint Meeting of the Society for Neuro-Oncology and the AANS/CNS Section on Tumors
Registration and Housing Center
11208 Waples Mill Road, Suite 112
Fairfax, VA 22030

Phone: 703 449 6418 ◆ Fax: 703 502 0257
E-mail: snosot@jspargo.com

EXHIBITOR HOUSING FORM

Company Name: _____

Refer to the Joint Meeting Housing Guidelines before completing this form.

Please provide the number of rooms your company will require night by night.

	Tues 10/20	Wed 10/21	Thurs 10/22	Fri 10/23	Sat 10/24
Single (1 person)	_____	_____	_____	_____	_____
Double (2 people)	_____	_____	_____	_____	_____
Double/Double	_____	_____	_____	_____	_____

Deadline to Reserve Rooms: August 27, 2009

- Changes through J. Spargo can be made until September 17 at 5:00 PM EST.
- Beginning September 30, changes or cancellations must be made directly with the hotel.

Deposits

- Rooms reserved require a **$250 refundable** deposit – refund requests are accepted until **August 27, 2009.**

Please complete both pages of this form.

Name(s)	Sharing Person	Room Type (Sgl, Dbl, or D/D)	Arrival Date	Departure Date	Please indicate any special instructions in this column. (Smoking preferences, ADA room, etc.)